CA NO. 04-99003

IN THE UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

* * *

TERRY JESS DENNIS, by and through KARLA BUTKO, as Next Friend, Petitioner-Appellant, vs. MICHAEL BUDGE, Warden, and BRIAN SANDOVAL, Attorney General of the State of Nevada, Respondents-Appellees.	D.C. No. CV-S-04-0798-PMP-RJJ (Nevada, Las Vegas)

Appeal from the United States District Court for the District of Nevada

APPELLANT'S EXCERPTS OF RECORD

Volume III of XI

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PSYCHOLOGICAL EVALUATION

NAME: Terry Dennis
DATE OF BIRTH: 10/14/46
DATE OF TESTING: ~~06/24/96~~
TESTS ADMINISTERED: Minnesota Multiphasic Personality Inventory-2 ~~(MMPI-2)~~
Clinical Interview

REFERRAL

Terry Dennis is a 49 year old, divorced, Caucasian, male who was admitted to NMHI after he became suicidal. He was referred for psychological evaluation by the treating psychiatrist, Dr. Kandace Atkins to establish a personality profile for diagnostic differentiation.

IMPORTANT BACKGROUND INFORMATION

Terry Dennis was adopted as an infant by a couple that is now deceased. He remembers that his father made beer and he liked the taste early on. There was a second male child that also was adopted and raised as his brother. He has not had any contact with his brother for five or six years though he reported they did get along as children. The patient has no knowledge about his biological father but he was acquainted with his maternal grandmother during childhood. The patient's adopted parents died when he was only in his early teens. Subsequently, he was raised by cousins until he finished school. When asked about that time he stated "it was all right".

Educationally, Terry Dennis graduated from high school and briefly went to college. However, he quit college and went into the service. He was in and out of prison. In 1984 and 1985 he took electronics and math in Washington at the community college.

Mr. Dennis has been married and divorced three times. He has one son who lives with his mother in Seattle and is age 20. He has only marginal contact with his son.

It is important to note that Terry Dennis reports that he had been sexually abused as a child but was not specific about age.

PSYCHOLOGICAL EVALUATION

Test Administration

Mr. Dennis completed the MMPI-2 on his own time. The clinical interview was conducted over a 45 minute period.

Test-taking Behavior

Mr. Dennis was ~~initially~~ somewhat ~~reticent~~ but eventually cooperative and friendly.

Medication

Serzone 500 mg p.o. BID.

Test Results

Mr. Dennis basically produced a valid personality profile as measured by the MMPI-2. This profile is consistent with profiles of individuals who tend to be ~~impulsive~~ and ~~unable to delay gratification~~. They have ~~great difficulty~~ with ~~social standards~~ and frequently find themselves in situations where they are in direct conflict with social rules. Acting out behaviors are likely to involve ~~excessive use of drugs or alcohol~~. Their histories frequently involve ~~job loss~~ due to alcohol, ~~discord with family and friends~~. However, these individuals feel ~~frustrated~~ about their own lack of accomplishments and tend to be ~~resenting~~ the ~~demands placed upon them by others~~. Subsequent to periods of acting out they tend to feel ~~tremendous remorse~~ and they make resolutions to change. These resolutions, however, remain short-lived. They report feeling depressed, anxious and worthless. ~~Suicidal attempts are quite possible~~.

When these individuals are not in trouble they tend to be energetic, sociable and quite outgoing. They create favorable first impressions but their ~~tendencies to manipulate others create resentment~~. Their self concept is poor and they harbor feelings of inadequacy. They are uncomfortable in social interactions. Although these individuals may express the need for help, the ~~prognosis for success in psychotherapy is poor especially once their difficulties subside~~. In Terry Dennis' case this profile is also supported by his history and his own report.

Conclusion

Terry Dennis has never overcome childhood sexual abuse and has defended against nightmares and flashbacks with antisocial acting out behavior and attempting to numb himself with alcohol and drugs.

DIAGNOSIS

Axis I	309.81	Post-traumatic Stress Disorder with delayed onset related to childhood sexual abuse
	305.00	Alcohol Abuse
Axis II	Antisocial traits	
Axis III	See physician's report	
Axis IV	Unemployed, homeless	
Axis V	GAF: 40	

RECOMMENDATIONS

Mr. Dennis should benefit from a substance abuse treatment program.

Terry Dennis might be directed toward the learning of improved coping skills and anger management with a directive treatment approach.

Ingrid M.E. Moore, Ph.D.
Chief of Psychological Services, NMHI

12/16/96
/lp

ER 0333

ER 0334

I. USE OF LEISURE TIME IN THE PAST MONTH:

A. What do you do with your leisure time? SOCIAL DRINKING - VISIT BARS - OFTEN ISOLATES SELF

B. Do you engage in these activities: Regularly ✓ Occasionally ___ Never ___

What are your three favorite leisure interests?

1. FISHING - NOT LATELY
2. MUSIC - NOT LATELY
3. COULDN'T NAME OTHER INTERESTS

C. How much leisure time do you have each week?
Too much ___ Sufficient ✓ Not enough ___

D. Do you participate in a regular exercise/fitness program? Yes ✓ No ___

If yes, what? WALKING
RARELY MOTIVATED TO DO ACTIVITIES

E. Do you spend most of your leisure time:
Alone ___ With others ___ Combination ✓

F. Are you comfortable in social situation?
Always ___ Sometimes ✓ Never ___

G. Are you satisfied with your present leisure time interests? Yes ___ No ✓
Are these interests:
Highly pleasurable ___ Moderately pleasurable ✓ Not pleasurable ___

II. SOCIAL RELATIONSHIPS IN THE PAST MONTH:

A. Do you live alone? ___ With roommate/friend? ✓ With spouse? ___
With relatives/friends? ___ Other? ___

B. How many close friends do you have? Many ___ Few ✓ None ___

C. How are your relationships with family members? - LIMITED CONTACT
Very close ___ Moderately close ___ Distant ✓

D. Do you belong to any clubs, organizations or support groups? Yes ___ No ✓
If yes, what?

Comments: HAS ONE - NO MONEY - DEPRESSION - SUPPORT NEEDS - NO DRUGS - NEEDS HOUSING
FOCUS - ENCOURAGE INCREASE IN SOCIAL CONTACT VIA LEISURE
GROUP ATTENDANCE

Signature: [illegible] C.T.R.S Date: 6-17-96

Men. Health Recs.
T. Dennis 79

NEVADA MENTAL HEALTH INSTITUTE

LEISURE/ACTIVITY ASSESSMENT

02-59-31

Please complete this questionnaire to the best of your ability. Your input will assist us in asse ng your nutritional status and n for your nutritional care.

Occupation: unemployed Height: 6'0" Weight: 170 Desired Weight: 180

Have you recently gained weight? Yes ___ No X How much? ___

Have you recently lost weight? Yes X No ___ How much? 10 lbs

Do you follow any restrictions in your diet? Yes ___ No X if yes, list ___

Do you take vitamins or minerals? Yes ___ No X If yes, what kind and how often?

Do you have any problems chewing? Yes ___ No X

Do you have any problems swallowing? Yes ___ No X

Are your bowels: Normal X Constipated ___ Diarrhea ___ Lose stools ___

Do you eat regularly? Yes ___ No X How many meals per day? 1

Where are your meals prepared? ST VCTS KITCHEN How often do you eat in restaurants? 2/wkly

Is your diet well-balanced? NO

Do you include the following in your daily diet?

Milk:	Yes ___	No X	Amount ___
Eggs:	Yes ___	No X	Amount ___
Meat, fish, poultry:	Yes ___	No X	Amount ___
Vegetables:	Yes ___	No X	Amount ___
Fruits:	Yes ___	No X	Amount ___
Bread, potatoes, rice, or other starches:	Yes X	No ___	Amount ___
Soda, tea, coffee:	Yes X	No ___	Amount ___
Alcohol:	Yes X	No ___	Amount ___
Sugar:	Yes ___	No X	Amount ___
Salt:	Yes X	No ___	Amount ___

Snacks, what kind and how often: CHIPS, ETC WHENEVER POSSIBLE

Patient Signature: Terry J. [illegible] Date 6-13-96 WCPD

Reviewed by Dietician: Paulette K. Williams RD Date 6-15-96

NEVADA MENTAL HEALTH INSTITUTE

PATIENT NUTRITION HISTORY AND ASSESSMENT

MR 137 03/95

Men. Health Recs.
T. Dennis 80

02-59-81

DENNIS, TERRY
10-14-[illegible]

ER 0335

1. My problems as I see them are as follows:
   1. MONETARY
   2. HOUSING
   3. SELF-ESTEEM
   4. HOPELESSNESS

   My problems as other(s)(Who: UNKNOWN) see them are as follows:
   1.
   2.
   3.
   4.

2. My personality strengths/accomplishments are:
   1. QUICK WIT
   2. INTELLIGENCE
   3.
   4.

3. I need direction/clarification and help with the following problems:
   1. SELF-ESTEEM
   2. HOUSING
   3.
   4.

4. My plans after discharge (work, interpersonal and myself) are:
   1.
   2. ?
   3.
   4.

6/13/96
Date

Signature of Patient

Received by

Instructions: Please complete this form before you meet with the staff. Complete the questions the best you can and hand-carry to the staffing.

NEVADA MENTAL HEALTH INSTITUTE
PATIENT SELF-ASSESSMENT

02-59-81

Circle Desired Orders & Line Out All Others

1. **Admitting Diagnosis:** *Axis I* PTSD, Major depr. recurrent
2. **Allergies** NKA
3. **Admit To:** (8 South) 8 North Admit Status ~~Volun~~ legal 95
4. Diet: (Regular) *or* _____
6. Vital Signs: q 8 hours x 5 days
7. Laboratories: (CBC) (Diff) (Urinalysis) (Chem Panel) UDS, Tegretol level

Draw 6/14 AM

~~8. Chest X-ray *reason*~~ _____

~~9. Electrocardiogram *reason*~~ _____

10. 1:1 High Risk Precaution (Group High Risk Precaution)
11. For Minor Pain: Acetaminophen (Tylenol) 325 mg. 2 tabs PO q 4 hrs PRN x 30d (Specify time in days)
12. For Indigestion: Alumina/Magnesia (Maalox) 30 ml, PO q.i.d. PRN x 30d (Specify time in days)
13. For Constipation: Milk of Magnesia (MOM) 30 ml, PO HS PRN x 30d (Specify time in days)
14. Chlorpromazine (Thorazine) 50 mg, PO or IM q 4 hrs PRN agitation x 3d (Specify time in days)

~~15. Haloperidol (Haldol) 5 mg, PO or IM q 4 hrs PRN agitation x~~ _____ (Specify time in days)

16. Benztropine (Cogentin) 2 mg, PO or IM q 6 hrs, PRN EPS x 3d (Specify time in days)

~~17. Thiamine (B1) 100 mg, PO or IM now and qD x~~ _____ (Specify time in days)

~~18. Folate 1 mg, qD x~~ _____ (Specify time in days)

19. Multivitamins with Minerals 1 tab, PO qD x 30d (Specify time in days)

Noted 6/13/94 1700 [illegible]

Verbal Order Telephone Order *per* Dr. _____

RN: *Signature* _____ *Date* _____ *Time* _____

MD: *Signature* [signature] *Date* 6-13-94 *Time* 1500

Charged 6/14/94 0030 [illegible]

Men. Health Recs.
T. Dennis 82

NEVADA MENTAL HEALTH INSTITUTE

PHYSICIANS ADMITTING ORDERS

Dennis, Terry

02-59-81

DENNIS, TERRY
10-14-46 49 C/M

PATIENT AND NUMBER	DATE ORDERED	ORDERS
02-59-81 DENNIS, TERRY 1-14-46 49 C/M 06/13/96 ZZZZZZ	6/17/96 945	D/C GHRP R. Atkins M.D. Noted 1000 P 1000 6/17/96 Checked 6/18/96 0115 [illegible]
02-59-81 DENNIS, TERRY 1-14-46 49 C/M 06/13/96 ZZZZZZ	6-17-96	Selsun shampoo 1 bottle - apply, leave on 10 min then rinse off 11 [illegible] 1% hemorrhoid cream. Apply THA QID pin T7d. [illegible]
		noted 6/17/96 2030 R. Brandvold Checked 6/18/96 0115 [illegible]
02-59-81 DENNIS, TERRY 1-14-46 49 C/M 06/13/96 ZZZZZZ	6/19/96 945	Pt may sign voluntary R. Atkins M.D. Noted P 1000 6/19/96 Checked 6/20/96 0050 [illegible]

EVADA MENTAL HEALTH INSTITUTE

PHYSICIAN'S ORDERS

NAME: 02-59-81

CASE NO.: DENNIS, TERRY 1-14-46 49 C/M

Men. Health Recs.
T. Dennis 83

PATIENT AND NUMBER	DATE ORDERED	ORDERS
02-59-31 DENNIS, TERRY 1-14-46 49 C/M 06/13/96 ZZZZZZ	6/20/96 1310	Serzone 50mg po Bid x30 days V.O DR Atkins / P. Akohen K Atkins M.D. 6/20/96 1500 1450 6/21/96 checked 6/21/96 @ 0100 V Akohen
02-59-31 DENNIS, TERRY 1-14-46 49 C/M 06/13/96 ZZZZZZ	6/21/96	Transfer to 8 North V.O Dr Atkins / [illegible] checked 6/22/96 @ 0045 V Akohen K Atkins M.D. 6/22/96 Noon 6/21/96 1355
02-59-31 DENNIS, TERRY 1-14-46 49 C/M 06/13/96 ZZZZZZ	6/24/96 1010	Psychological Testing please ↑ Serzone to 100mg po BID K Atkins M.D 6/24/96 0300 [illegible] 6-24-96 1057 [illegible]
	6-24-96 1150	May have structured grounds T.O. Dr Atkins / K O'Connor 6/24 1156 noted K. O'Connor

NEVADA MENTAL HEALTH INSTITUTE

PHYSICIAN'S ORDERS

DENNIS, TERRY
NAME: 1-14-46 49 C/M
06/13/96 ZZZZZZ
CASE NO.:

K Atkins M.D. 6/28/96 1015

Men. Health Recs.
T. Dennis 84

PATIENT AND NUMBER	DATE ORDERED	PHYSICIAN'S ORDERS
02-59-31 [illegible]TERRY 1[illegible]-14-46 49 C/M [illegible]/13/96 ZZZZZZ	6/26/96 1010	Dietary consult for need for double portions. K. Atkins M.D. Go to AA mtgs on grounds, call K. Atkins MD
		Noted N Lowell M 6/26/96 @ 1030
		checked [illegible] 6/27/96 0115
02-59-31 [illegible]TERRY 1[illegible]-14-46 49 C/M [illegible]/13/96 ZZZZZZ	6/28/96 1020	D/C to self. K. Atkins M.D.
		Noted N Lowell M 6/28/96
02-59-31 [illegible]TERRY [illegible]-14-46 49 C/M [illegible]/13/96 ZZZZZZ		

Men. Health Recs.
T. Dennis 85

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PHYSICIAN'S ORDERS

NAME: 02-59-31

CASE NO.: [illegible]TERRY

ER 0341

1. Discharge to self

2. Discharge Diagnosis:

Axis I Major Depression recurrent/PTSD
Hx of Polysubstance Abuse

Axis II Antisocial Traits

Axis III Hepatitis C, B, seborrhea

Axis IV ~~homelessnes~~ unemployment

Axis V Current GAF 60 Past Year Highest GAF unknown

3. Discharge Medications: Admit to GMC
refer to COC
Serzone 100mg po BID

4. Other Discharge Instructions: abstain from ETOH + drugs
attend AAmtgs. F/u c̄ Washoe Clinic
for Hepatitis

Verbal Order/Telephone Order per Dr.

Mated N Lowell — R.N. Signature — 6/28/96 WCPD — Date — 1035 — Time

K. Atkins M.D. — Physician Signature — 6/28/96 — Date — 1030 — Time

Men. Health Recs.
T. Dennis 86

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PHYSICIAN DISCHARGE ORDER

02-59-81

DENNIS, TERRY

Admit Date _____

DSM IV Diagnosis

Axis I Major Depression / R/O PTSD / Polysubstance Abuse

Axis II R/O Antisocial Personality Disorder

Axis III Seborrhea, hepatitis C

Assets/Strengths: ~~Knows how to access mental health syste~~

Long Term Goal: Keep appointments in GMC, establish stable housing, get a job

continued abstinence from EtOH and drugs.

Patient's Comments: _____

Patient Signature: Terry J Dennis Date/Time: 6/18/96 / 12:15

Staff Signatures	Coordinator	Date/Time
Psychiatry [signature] M.D.		6/18/96 / Noon
Psychology [signature] PD		6/18/96 / Noon
Social Work [signature] LCSW		6-18-96 / 12:10
Allied Therapy [signature] CTRS		6-18-96 / 12:10
Nursing [signature]		6-18-96 / 1210
Other [signature], MSW		06/18/96 / 1210

Men. Health Recs.
T. Dennis 87

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INPATIENT TREATMENT PLAN FACE SHEET

02-59-81

DENNIS, TERRY

Date	#	Problems	Signature/Title	C Res
6-13-96	1	Depression c̄ Suicidal & Homicidal Ideation	L. Christensen RN	
6-14-96	2	PTSD issues	[illegible]	
14-96	3	AFTERCARE ISSUES: HOUSING, RELINK		
		c̄ OUTPT, FOOD STAMPS	[illegible]	
6/21/96	4	~~Schizophrenia~~ Mustache Hemmorrhoids	[illegible]	
6/21/96	5	Hepatitis C	[illegible]	

ER 0343

Men. Health Recs.
T. Dennis 88

NEVADA MENTAL HEALTH INSTITUTE
PROBLEM LIST

MR 171 1/89

NAME:

CASE NO. 02-59-81

DENNIS, TERRY
10-14-46 49 C/M

Problem # 1 (statement) Depression with suicidal / ~~homicidal ideation~~

(elaboration) AEB suicidal statements and plan

Nursing Diagnosis or Collaborative Issues Ineffective personal coping skills

DATE	METHOD/STAFF APPROACHES	SHORT TERM GOAL MEASURABLE OUTCOMES OBJECTIVES	TARGET DATE	DATE MET OR DC'D	RESPONSIBLE PERSONNEL
6/23/96	GHRP - monitor patient closely	Patient will be able to relate no suicidal	6/20/96		J. Sienko, RN
	and assess for suicidal ideation	feelings	7/5/96		Nyna Lowell RN
	(d) ~~HT~~ through 1:1 interactions				
6/17/96	NSG will offer 1:1 to establish	Pt will be able to verbalize	7/5/96		J. Sienko RN
	rapport and for pt to verbalize	and utilize at least 3 coping			B. Gentry RN
	feelings.	mechanisms in times of stress			Nyna Lowell RN
	Assist pt to identify stressful	P. Aikhen			
	situations and ways he'd				
	coped c̄ them in the past				
	M.D to re-evaluate medi-	Pt to sign informed consent &	07/15/96		Atkins, M.D.
	cation regimen. Consider	be compliant c̄ medication			
	serzone as pt dissatisfied				
	c̄ ~~[illegible]~~ previous meds.				

Men. Health Recs.
T. Dennis 89

ER 0344

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TREATMENT PLAN

MR-187A REV. 08/95

02-59-81

DENNIS, TERRY

DATE	METHOD/STAFF APPROACHES	SHORT TERM GOAL MEASURABLE OUTCOMES OBJECTIVES	TARGET DATE	DATE MET OR DC'D	RESPONSIBLE PERSONNEL
6-17-96	A.T. STAFF TO ASSIST PT IMPROVE SOCIAL SKILLS AND EXPAND LEISURE INTERESTS	PT WILL DISPLAY ABILITY TO ATTEND min of 70% OF OFFERED LEISURE GROUPS TO EXPAND SOCIAL AND LEISURE SKILLS ON WEEKLY BASIS BY [illegible]	7-15-96		D. SHAPIRO, CTR
6/15/96	M.D. to prescribe serzone & titrate to 300mg/day	Pt to deny SI x 2 days & write down alternative coping skills when depressive feelings become overwhelming	7/15/96		K. Atkins, M.D.
6/24/96	PhD. will provide pt. c psy. testing to establish personality profile for Dx differentiation as a pr on unit 28	Pt. is able to state in his own words how he understands psy. test findings & recommendations [illegible]	7/1/96		Dr. [illegible] PhD. PSY

ER 0345

Men. Health Recs.
T. Dennis 90

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TREATMENT PLAN

MR-1[illegible] REV. 08/9[illegible]

02-59-81

DENNIS, TERRY
10-14-46 [illegible]9 C/M

Problem # 2 (statement) PTSD issues

(elaboration) as evidenced by nightmares, uncontrollable crying, rage and irritability

Nursing Diagnosis or Collaborative Issues

DATE	METHOD/STAFF APPROACHES	SHORT TERM GOAL MEASURABLE OUTCOMES OBJECTIVES	TARGET DATE	DATE MET OR DC'D	RESPONSIBLE PERSONNEL
6/14/96	PhD. will educate pt how to deal & cope c̄ PTSD related rage in weekly 1:1 sessions on unit 8.	Pt. is able to state two coping strategies how he can deal c̄ PTSD related rage in a safe way. [signature], PD	7-10-96		Dr. Moore PhD PSY

ER 0346

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TREATMENT PLAN

MR-187A REV. 08/95

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02-59-81
DENNIS, TERRY

Problem # 3 (statement) AFTERCARE ISSUES: HOUSING, FOOD, OUT-PT MENTAL HEALTH SERVICES

(elaboration) PT IS HOMELESS; PT HAS LOST FOOD STAMPS PERHAPS BECAUSE OF MISUNDERSTANDING; PT RECEIVES G.A., HAS OUT-PT CASE MANAGER & DR AT NMHI

Nursing Diagnosis or Collaborative Issues

DATE	METHOD/STAFF APPROACHES	SHORT TERM GOAL MEASURABLE OUTCOMES OBJECTIVES	TARGET DATE	DATE MET OR DC'D	RESPONSIBLE PERSONNEL
5-14-96	SW WILL MEET PT 1:1	PRIOR TO DISCH FROM			MARY T FLYNN LCSW/A
	ON UNITS AT LEAST	NMHI THE PT WILL			
	1 X Q WK TO EDUCATE	STATE TO A TEAM			
	PT TO RESOURCES IN	MEMBER			
	COMMUNITY RE: HOUSING,	(1) WHERE HE WILL	7-15-96		Mary T Flynn LCSW/A
	FOOD, OUT-PT MENTAL	LIVE			
	HEALTH SERVICES; CON-	(2) WHERE & WHEN HE	7-15-96		Mary T Flynn LCSW/A
	TACT CASE MANAGER,	WILL ACCESS OUT PT			
	CONTACT FAMILY IF	MENTAL HEALTH SERVICES,			
	PERMITTED	(3) GRANT PERMISSION	7-15-96		Mary T Flynn LCSW/A
		TO CONTACT A FAMILY			
		MEMBER ~~Mary~~			
		(4) WHERE & WHEN HE	7-15-96		Mary T Flynn LCSW/A
		OBTAIN FOOD Mary T Flynn	LCSW/A		

ER 0347

NEVADA MENTAL HEALTH INSTITUTE

TREATMENT PLAN

MR-187A REV. 08/95

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02-59-81

DENNIS, TERRY
11-14-46 49 C/M
06/13/96 ZZZZZZ

Problem # 4 (statement) Hemorroids

(elaboration) as evidenced by pain itching

Nursing Diagnosis or Collaborative Issues Alteration in Health Maintain

DATE	METHOD/STAFF APPROACHES	SHORT TERM GOAL MEASURABLE OUTCOMES OBJECTIVES	TARGET DATE	DATE MET OR DC'D	RESPONSIBLE PERSONNEL
6/21/96	a) Nurs will	1) will be free	7/21/96		[illegible]
	administer	of anal burning			Nyna Lowell RN x 0'can
	Treatment cream	and/or itching			
	PRN	x 30 Days			
	2) Warm water				
	c/o area PRN	Water [illegible]			

ER 0348

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NEVADA MENTAL HEALTH INSTITUTE

TREATMENT PLAN

MR-187A REV. 08/95

02-59-81

DENNIS, TERRY
10-14-46 49 C/M
777777

Problem #5 (statement) Hepatitis C & B

(elaboration) E&B History

Nursing Diagnosis or Collaborative Issues Alteration in Health Maintenance

DATE	METHOD/STAFF APPROACHES	SHORT TERM GOAL MEASURABLE OUTCOMES OBJECTIVES	TARGET DATE	DATE MET OR DC'D	RESPONSIBLE PERSONNEL
6/21/96	Nursing will teach pt about hygiene measures to prevent spread of infection and things to avoid to exacerbate illness	Pt will be able to state universal precautions to take to prevent spread of infection and behaviors that exacerbate illness	7-21-96		P. Akola RN B Gentry RN Nyna Lowell RN /AD'can
		B Gentry			

ER 0349

Men. Health Recs.
T. Dennis 94

NEVADA MENTAL HEALTH INSTITUTE

TREATMENT PLAN

MR-187A REV. 08/95

02-59-01

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

Date: 6/27/96

Diagnosis: Change ☐ Unchanged ☐

New Diagnoses: Axis I _____

Axis II _____ Axis III _____ Axis IV _____ Axis V _____

Reason for change: _____

Problem Number	Problem	No Change	Minimal Change	Moderate Change	Significant Change	Resolved	Controlled	Description
1	Depression w/ SI & HI				X			denies SI, HI brighter affect sleeps well
2	PTSD issues				X			
3	Aftercare Issues		X					APPS in FOR TRANS HOUSING
4	Hemmorhoids				X			pt reports no current discomfort
5	Hepatitis C							

Patient's Signature

Physician's Signature

Multidisciplinary Staff:

NEVADA MENTAL HEALTH INSTITUTE

TREATMENT PLAN REVIEW

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7/92

ER 0350

02-59-81

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 777777

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INITIAL ADMISSON RECORD
(to be done on admission to the unit)

Date/Time 6-13-96 1700 Age 49 Race WHITE Sex MALE

Measured Height 6'0 Scale Weight 158 T99.4 P98 R 20 B/P 120/60

Eyes HAZEL Hair GREY Glasses YES Dentures NO

Other Prostheses: Allergies NKDA

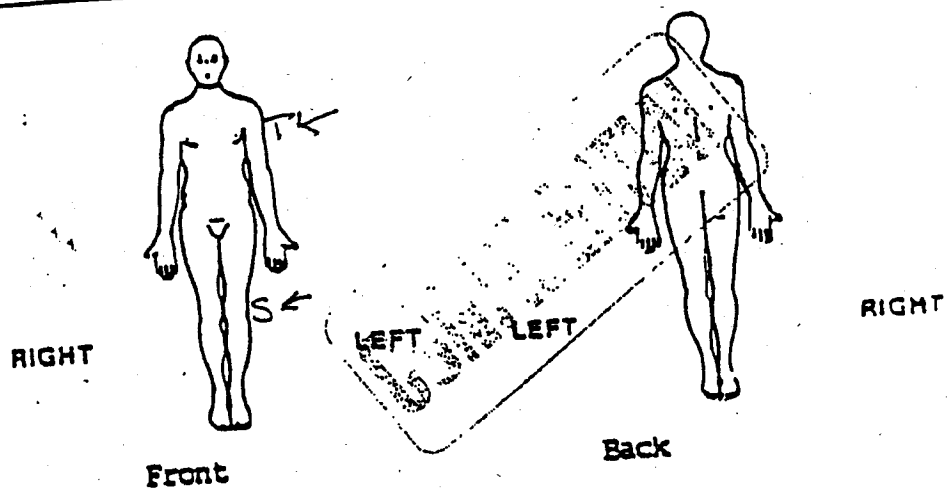
General Appearance:

Clean ✓ Poor Personal Hygiene ____ Obese ____ Appropriate Dress ✓

Neat ✓ Disheveled ____ Emaciated ____ Inappropriate Dress ____

Comments:

A. Abrasion
B. Burn
D. Decubitus
F. Fracture
L. Laceration
O. Ostomy
R. Rash
S Scar(s)
U. Ulceration
T Tattoo



ORIENTATION:

Patient oriented to unit? Yes ✓ Deferred ____
Patient oriented to program/rules? Yes ✓ Deferred ____
Patient handbook given: Yes ✓ Deferred ____

ER 0351

If any of the above deferred, why?

Belongings searched by: RICHARD DAUSE MHT 3 Time 1701

Admission shower supervised by: [illegible] MHT 3

Special precautions ordered, identify: ALRP

State reason if unable to complete:

Tom Sikorez MHT 4
Signature

[illegible]
Countersigned by Registered Nurse

Men. Health Recs.
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02-59-81

ER 0352

R.N. Admission Note

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-13-96	RN, C	1	D- 49 yo w/m admitted to 83 on Legal 95 p̄ c/o suicidal
1840			ideation c̄ plan and depression - He is neat and clean -
			Pt. Relates wgt. loss of 10-15# p̄ losing food stamps 3 months
			ago - Has also lost housing due to unexpected rent increase -
			is angry about being hospitalized - Stated "I don't want to
			here. I want to see my Dr. and after talking to him he had me
			put in here. I know I can't do anything about it so I'll
			take up space for now" - When questioned as to what the Dr's
			options were p̄ pt. revealed S.I. c̄ plan he admitted there "probably
			wasn't any other one" - Pt. is restless - when sitting - Legs cro
			with ÷ foot in constant motion. Shifts position frequently - Pt. is
			generally cooperative but also seems to be angry and hostile
			@ times especially when asked about drug/ETOH use - Pt. states he
			expects "nothing" from hospitalization so he won't be disappointed
			Pt. rated suicidal feelings @ present time as 8/10 (10 high) - Affec
			blunted - Eye contact fair - NKDA
			A - Depressed c̄ suicidal ideation
			P - GHRP - Monitor closely [signature]

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INSTRUCTIONS: Please cross off space not utilized by the R.N. Admission Note.

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ADMISSION RECORD/PROGRESS NOTE

MR 109 Rev. 11/90

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DENNIS, TERRY
10-14-46 49 C/M

DATE	TIME	DISCIPLINE	GROUP	PARTICI-PATION	SIGNATURE
6/14	0900	AT	Exercise	1	K. Hatton
06-15-96	1900	MHT	SATURDAY NIGHT MOVIE & REFRESH.	1	M.C. GOMEZ.
6/17	0900	AT	Exercises	1	Rowan
6/17	1000	AT	Creative Arts	1	Murphy 3
6/17	1800	AT	Bingo	1	Rowan
6/18	1430	AT	CREATIVE COMP	1	D. [illegible]
6/18	0900	AT	Exercises	1	Rowan
6/18	1800	AT	Games	1	K. Hatton
6/19	0900	AT	Exercise	1	K. Hatton
6/19	1000	AT	Exp. Interaction	1	Rowan
6/19	1400	AT	Leisure Ed.	1	K. Hatton
6/19	1800	AT	Trivia	1	K. Hatton
~~6/19~~		~~AT~~	~~[illegible]~~	~~1~~	~~Murphy 3~~
6/20	1800	AT	Dance	1	K. Hatton
6/21	0900	AT	Exercise	1	K. Hatton
6/21	1000	AT	Wordsthorn	1	K. Hatton
6-23	1900	Nursing	Sun. Nite Movie	1	D. Black, MHT-2
6/24	1000	~~Human Relations~~ MHT	Human Relations	1	R. Rungley MHT
6/24	1800	AT	Bingo	1	Rowan
6/25	0915	AT	Exercises	1	Rowan
6/25	1800	AT	Games	1	K. Hatton
6/26	0915	AT	Exercises	1	Rowan
6/27	1800	AT	Trivia	1	Murphy 3
6/26	1400	AT	Leisure Ed.	1	K. Hatton

Refer to progress note for each entry above.

Participation: 1 = Participates freely; 2 = Participates with prompting; 3 = Withdrawn; 4 = Refuses to participate; 5 = Other

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GROUP PARTICIPATION FORM

02-59-01

DENNIS TERRY

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6/13/96 1530	MHT		
			Does patient have a completed "Durable Power of Attorney for Health Care" or a "Declaration"? yes ___ no ✓
			Patient provided with a copy of brochure "Advance Directives The Patient's Right to Decide" yes ✓
			Patient provided blank copy of "Durable Power of Attorney for Health Care" and "Declaration" yes ___ no ✓
			Signature [signature] Date 6-13-96 Time 1530
6-13-96 20:00	MD	1	HISTORY AND PHYSICAL EXAM COMPLETED
			late entry
6/13/96 2200	LPN	1	D) Sitting, watching T.V adjusting to unit Social c̄ select. Did not attend group. A) Appears angry & hostile P) Continue to monitor & ASS. c̄ needs. Continue GHRP. [signature]
6/14/96 0045	RN	1	D) Pt resting quietly in bed, hasn't been up @ this time. A) Lying in bed, eyes closed respirati even & unlabored, no sls of distress not P) Cont. to monitor & note any change remains on GHRP. Offer support as appropriate. [signature]

ER 0354

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

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Men. Health Recs.
T. Dennis 99

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DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

13-96	MHT	1#	D) Pt on GHRP, eyes are closed,
0420			resting quietly in bed. A) Pt resting
			no problems observed. P) Continue to
			Monitor GHRP, assist Pt as needed
			E Dawson MHT
-14-96	RN	1	D up in dayhall social c̄ peers & staff. Ø
345			behavior problem noted
			A. Remains depressed E sad affect
			P. Remain on GHRP - Enc. 1:1 - Enc groups
			Enc) compliance — C Waggoner RN

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Men. Health Recs.
T. Dennis 100

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

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DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6/14/96 1200	PuD.	1	D. "I just didn't want to go on." Pt's affect is depressed, at times irritable as he makes this statement. A. Pt. is suffering from PTSD see initial psy. assessment. P. Educate pt. how to deal c̄ rage of PTSD [signature]
6-14-96 1515	SW	2	D: PT PARTICIPATED in PSYCHOSOCIAL ASSESSMENT. PT REPORTS "I WAS FEELING DESPARATE FOR A COUPLE OF MONTHS ... IT WAS GETTING WORSE ..." PT HERE ON LEGAL 95 p̄ VISIT c̄ OUT-PT CLINIC MD HERE. PT HAS SAD AFFECT, THOUGHTS CLEAR, THOROUGH HISTORIAN. A: SAD AFFECT, [illegible] P: INITIAL DISCHARGE PLAN DEVELOPED c̄ PT INCLUDES FINDING AFFORDABLE HOUSING, CHECKING ON FOOD STAMPS. PT HAS OUT-PT CASE MANAGER, SPORAD CONTACT c̄ EX-WIFE, O CONTACT c̄ SON OR ADOPTIVE BROTHER. [signature]
2130 6-14-96	MHT	#1	(D) Patient socializing well c̄ female peers. Watched T.V. + attended groups. (A) No signs of suicidal ideation noted. (P) Educate patient ways to deal c̄ anger. [signature] MHT

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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Men. Health Recs.
T. Dennis 101

02-59-81

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 777777

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-14-96	RNC	1	D Pt self-isolates except for interaction c̄ select ♀ peer-
2240			when spoken to, he responds c̄ as brief an answer as possible-
			Affect blunted, sad - No suicidal ideation reported
			A - Depressive symptoms
			P- monitor closely - Assess for suicidal ideation — Barrett RNC —
6/15/96	RD	1	D) Lying in Bed c̄ eyes closed
2030			A) ∅ % ∅ PROB.
			P) Con. GHRP. — Vodicka
6/15/96	MHT	#1	D Patient lying in bed, eyes
0560			close
			A Resting at this time
			P Continue to observe
			and record, remains
			on GHRP
			— Wallace Henry NHT
6-15-96	RN	1	D. Pt up in dayhall - isolates self.
1300			Short talking c̄ staff - wants to be
			back on his meds.
			A. Quiet appears depressed.
			P. Encl 1:1 - Encl gps - Chaggonerra
06-15-96	MHT	NO. 1	D) "... I'M WONDERING IF YOU COULD GIVE ME
1900			SOMETHING TO CALM ME DOWN ... I'VE BEEN TESTY &
			SNAPPING @ PEOPLE." PATIENT HAS BEEN QUIET &
			LOW KEY IN THE DAY ROOM, AFFECT REMAINS FLAT.
			HE APPROACHED MED. NURSE & ASKED FOR PRN.
			A) DEPRESSED MOOD CONTINUES.
			P) CONTINUE TO MONITOR PATIENT. HE REMAINS ON
			GHRP.
			— M. C. GOMEZ, MHT-3.

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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T. Dennis 102

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DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0357

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-16-96 1000	RN	1	D. Pt has recurrence of psoriasis over pubic/chest/head area Placed on clinic list for evaluation of problem Remains cooperative appears confused as he thinks he doesn't had a physical & he has approached staff a while later c̄ same complaint — A. Remains same except ↑ confusion P. Enc compliance c̄ tx plan redirect PRN — Waggoner RN
6-16-96 1410	MHT	#1	D) Pt Interacting Well with Select Peers Reading & Watching T.V. Good Participation in Groups and Activities Fair Well ⊖ Problems on Unit Polite and Cooperative to Staff. A) Mood and Affect Flat Depressed P) Cont to Monitor and assist as Needed — Brad Lund MHT
6-16-96 1930	MHT	1	(D) Quiet. Watching T.V. (A) Maintaining unit routine. (P) Assist with discharge plans. — [illegible] MHT3
6/17/96 0200	RN	1	D/ Pt cont's to be monitored on GHRP 1+/0 NOC. He is in his bed eyes closed resting quietly. A/ Pt Resting s/ incident or distress. P/ Cont on GHRP monitor and assist as needed — M. McGuire RN

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

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T. Dennis 103

ER 0358

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6/15/96 19:20	RN	1	D: PT has been keeping to self reading magazines & watching unit movie. Stated he is feeling calm down after having the PRN med for agit. (Thorazine 50mg PO at 16:30). Pleasant affect c̄ calm mood when approached by staff; but no socializing toward peer noted. A - Depressed mood continues - isolative. P - Remind PT the benefits of having interactions c̄ peers - Assist as needed. KNguyen RN
6/16/96 0200	RN	1	D/ Pt cont's on GHRP monitor 1/0 NOC He is in his bed, eyes are closed and he's resting quietly. A/ Problem #1 cont's, but stable at this time. Pt resting c̄ incident or distress. P/ Cont to monitor on GHRP and assist as needed. M. McGuire
6/16/96 0500	MHH	#1	D Patient lying in bed, eyes close A Resting at this time P Continues to observe and record, remained on GHRP ——— Willow Henry NHA

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0359

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6/18/96 0415	MHT	1	D Patient lying in bed; eyes closed A) Patient resting quietly. No problems noted P) Continue to observe and record as needed, R Jones MHT
06/18/96 1209	treatment rounds	1	D/ Pt met c̄ treatment team — acting appropriately. Informed of risks/benefits of serzone, which he says he will consider. Will start writing about his coping skills.
		2	Does not feel like hurting himself today. Appears to agree c̄ treatment plans and is receptive to the team's suggestions.
			A/ ① depressive symptoms improving NO HI/SI. ② PTSD.
			P/ ① Continue c̄ treatment plans as written. ② pt to read info sheet on serzone and [illegible] ③ will begin serzone p̄. informed consent

CONFIDENTIAL

Jeff Houston, MIII

[illegible] M.D.

[illegible]

[illegible] Mary [illegible]

[illegible]

[illegible] CTRS.

ER 0360

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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02-59-31

Men. Health Recs.
T. Dennis 105

DENNIS, TERRY
1[illegible]-14-46 49 C/M
06/13/96 ZZZZZZ

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-17-96	MHT	1#	Pt in bed, eyes are closed.
0540			A: Pt testing, no problem observed
			P: Continue to offer 1:1, monitor
			& assist as needed. Encourage MHT
6-17-96	RN	1	D: Quiet - social c peers & staff. No
1435			suicidal ideation voiced this shift
			A: No behavior problem noted
			P: Cont. to monitor behavior (Unaggressive)
6-17-96	A.T.	# 1	(D) Pt very cooperative c A.T. Assessment.
1600			STATED LITTLE INTEREST in Leisure Activities
			OR SOCIALIZING C OTHERS OTHER THAN DRINKING
			NO DEPRESSION OBSERVED DURING ASSESSMENT
			AND PT SEEM NOT MOTIVATED TO LEARN NEW
			LEISURE SKILLS.
			(A) A.T. Focus: Improve PT Desire TO BE
			SOCIAL AND LEARN NEW LEISURE SKILLS
			VIA RECREATIONAL GROUP ACTIVITIES.
			(P) START A.T. TX PLAN. -D. [illegible] C.T.R.S.
6/17/96	MHT	1	D: Pt pleasant & cooperative c unit
1900			PROGRAM. ENJOYED BINGO GROUP. PLEASANT
			AFFECT. CALM.
			A: Found DEPRESSION
			P: 1:1 c GOOD RESULTS - [signature] MHT
6-17-96			S: c/o hemorrhoids
			c/o Seborrhea
			O: 1+ ext hemorrhoid.
			mpl seborrhea - Selsun shampoo
			2. Ext hemorrhoids [signature]

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PROGRESS NOTES

[X] Inpatient [ ] Outpatient

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Men. Health Recs.
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DENNIS, TERRY
1[illegible] 49 C/M
06/13/96 ZZZZZZ

ER 0361

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
6-19-96	SW	3	A: Pt INTERESTED IN INFO.
1450	CONTINUED		P: Pt TO GO TO HOUSING MEETING TOMORROW.
			THIS WRITER TO CONTINUE TO WORK c̄ Pt ON HOUSING
			Tom Frantzis / Mary Tife LCSW INFO
6-19-96	RN	1,	D: Pt c̄ bright affect. Social c̄ peers on unit. Thoughts clear. Cont. to be compliant c̄ meds and treatments. Signed contract for transfer
1845			A: Stable for transfer
			P: Cont to follow up c̄ treatment plan on 8N. B Gentry RN
1-96	RN	1,2,3,4,5	D) Pt. transferred to 8N from 8S. Affect
1900			bright on arrival. Oriented to Unit and introduced to Unit Therapeutic milieu. Co-operative. Hepatitis precautions (#5) reviewed c̄ Pt. Pt denies S/I or H/I at this time, admits to some depressive feelings (#1).
			A) Bright affect. denies S/I or H/I but admits to some depressive feelings
			P) Continue to support and orient to Unit 8N Refer to 8N Treatment Team — J Kohlenberg
6-22-96	RN		D) Patient lying in Bed c̄ eyes
0430			Closed. —
			A) Resting Quietly — 0 S/S any distress
			P) Cont'd to monitor & Record as needed. — J Bailey RN

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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02-59-31 WCPD

DENNIS, TERRY
1[illegible]-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0362

Men. Health Recs.
T. Dennis 107

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-18-96 1300	MHT	1	D) Pt. was calm, oriented to unit milieu. He watched television and read quietly.
			A) Depressive symptoms are improved
			D) Daily 1:1 contact to assess condition and determine future needs. — [signature] MHT
6/18/96 1900	MHT	1	D. Pt PLEASANT & COOPERATIVE, BRIGHT AFFECT. ENJOYED GAMES GROUP
			A. ↓ DEPRESSION
			P. OFFER 1:1 = GOOD RESULTS. [signature] MHT 3
6/19/96 0500	MHT	#1	D Patient lying in bed, eyes close
			A Resting
			P Continued to observe and record.
			Wallace Henry MHT 4
6-19-96 1400	MHT	1	D) Cl has been sound w/ self-pass, playing cards pleasant + cooperative w/ [illegible] approached.
			A) Cl is in a good mood at this time bright affect.
			D) elicit Cl in a conversation regarding Cl's suicidal thoughts. [signature]
6-19-96 1430	SW	3	D: Pt PROVIDED c̄ LISTS OF RESOURCES OF HOUSING, TEMP EMPLOYMENT, AA MEETINGS, COUNSELING SOURCES, Pt FAMILIAR c̄ MANY OF THESE RESOURCES, ASKED FOR FOLDER IN WHICH TO KEEP INFO. CONT. [illegible] INFO

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0363

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
6-19-96 2240	MHT	# 1	D Patient has been pleasant and social c̄ staff and peers. Patient participated fully c̄ pt Trivia group this pm c̄ a bright affect. A. Patient is alert and oriented has a bright affect, shows no signs of depressive behavior. P. Assist c̄ Apis and provide a safe and Therapeutic setting c̄ 1:1 interactions. — [illegible] MHT
6/20/96 0400	MHT	1.	(D) Patient lying in bed, eyes closed. (A) Resting comfortably. (P) Continue to monitor and record. — James [illegible] MHT
6/20/96 1310	RN	#1 NSG update	D) Sitting out in the dayroom c̄ peers socializing, reports he's doing much better but would like to get started on some medication that his DR recommended. Reports his mood is stable, he sleeps well, appetite is good. A) A&OX4, denies SI/HI intent or plan, no acute distress or depressive symptoms noted. P) Cont. to offer 1:1 for verbalization of feelings. — P. Akohan

02-59-81

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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DENNIS, TERRY
1[illegible]-14-46 49 C/M
06/13/96 ZZZZZZ

Men. Health Recs.
T. Dennis 109

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-20-96	MHT	1	D. Observed socializing c peers in a
2200			positive manner, attended R.T. dance,
			appeared to enjoy the activity
			A. Not exhibiting signs of depression at
			this time, affect bright & appropriate
			P Continue to offer opportunities for
			verbalization of feelings [illegible]
6-21-96	MHT	1	D) Pt lying in bed eyes closed - quiet -
0435			A) Resting quietly -
			P) Continue monitoring pt during nite - G. Brown [illegible]
6-21-96	PAD	1	D. "I like to figure out how I
1755			can use tech to calm down."
			PA is referring to deep
			muscle relaxation technique
			He accomplished all 12
			steps & was able to
			verbalize educational
			information how substance
			abuse affects mood &
			cognition. PA also accomp-
			lished acquisition of two
			coping strategy.
			A. PA is improving.
			P. Continue instruction on
			deep muscle relaxation
			technique, coping skills &
			educational information
			how substances impact on
			mood & cognition. [illegible]

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

DENNIS,TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0365

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
6/22/96 1435	MHT	1	D Active in unit activities. Sort of a leader with peers, who are less motivated. Clean's up around the unit. Speaks up about peers needs. A Flat affect most of A.M. Shift, active but quiet. P Assisted as needed — S Staggs MHT3
6-22-96 1945	MHT	1 & 3.	(D) Patient expressed great concern over his housing problem. "Housing is my main problem. I have housing appointment on the 10 June 27 and I hope I do get it. Housing is too stressful for me" stated the Patient. "On my medication it is too soon to tell. I like to be out of here by the end of next week" he further stated. (A) Patient has flat affect most of the shift keeping to himself. (P) Advised Patient to discuss his housing problem with his Social Worker. Monitor him for his depression and offer assistance as needed. — J. Ojumdimu MHT1.

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PROGRESS NOTES

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02-59-31 **Men. Health Recs.**
T. Dennis 111

DENNIS,TERRY
10-14-44 49 C/M
06/13/96 ZZZZZZ

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-23-96	MHT	1.	(D) Patient lying in bed, eyes close
0415			(A) Resting without any discomfort
			(P) Continue to observe on hourly rounds
			J. Ogundimu MHT 1
6/23/96	MHT	1	(D) Pt. sat quietly and watched T.V. on
1355			the unit kept mostly to himself visited
			with select peers. Participated in goals
			group listened to tape and participated
			in ~~[illegible]~~ mistake I.E. discussing the contents of
			the tape. gave both positive and
			negative feed back. (A) Pt. displays
			closed behaviors is pleasant when
			spoken to but doesn't usually Initiate
			conversation. (P) Continue current
			program, encourage Pt. to focus on
			positive efforts — L Ely MHT

ER 0367

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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Men. Health Recs.
T. Dennis 112

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6/23/96 1500	MHT	#1	(D) Pt. attended group, Pt. states he has a hard time expressing an positive attitude, since every one in his life has shit on him.
			(A) Flat affect, watching T.V. calm cooperative.
			(P) Encourage pt. to express his feelings Support as needed - R. Ranger MHT
06-23-96 2040	MHT	1	D) Pt. is more social, and pleasant. His conversation is guarded. Pt. interacts c̄ staff and select peers well. Pt. shaved and showered. Pt. asked for razor for shaving.
			A) Pt. low-key, pleasant.
			P) Cont. 1:1 c̄ pt. for expression of feelings. Teach pt. benefits of positive attitude. — D. Black, MHT-2
6-24-96 0420	MHT	1.	(D) Patient lying in bed, eyes closed.
			(A) Resting without any noticeable discomfort.
			(P) Continue to observe Patient during hourly rounds. J Ogundimu MHT 1.
6-24-96 1345	MHT	1.	(D) Patient spent most of the shift in the Day Room alone reading and writing.
			(A) Patient is very isolative and do not want to be bothered by anyone. His affect was flat.
			(P) Continue to monitor Patient closely and assist as necessary J Ogundimu MHT 1

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

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Men. Health Recs.
T. Dennis 113

DENNIS,TERRY
10-14-46 49 C/M
06/13/96 777777

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6/24/96 1455	PsD.	1	D. "OK -- I guess I'll do it." RA. given MMPI 2 to complete. A. deferred. P. collect completed test tomorrow 7 AM. [signature]
6/24/96 1530 Update	RN	1	D - "I'm a lot better since I came here but then there are no stressors here. I had the rug pulled out from under me. The landlord doubled the rent from $150 to $300. I don't know if the medicine is working, I didn't take it for very long, but a couple of days after I started taking it my knees & shoulders started aching especially at night. I don't know if the medicine had anything to do with it. I sleep OK and my appetite is back. I had a 22 pound wt loss. I'd like to get more food." Sitting at the table in the Day room working on his MMPI - wearing sunglasses - eating potato chips. A - appropriate behavior. P - Continue to offer 1:1 sessions to allow pt to express his concerns. [signature]
6-25-96 0425	MHT	1.	(S) Patient lying in bed eyes closed. (A) Resting without any discomfort noticed. (P) Continue to observe during hourly rounds. [signature] MHT/1.

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☐ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

02-59-81

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0369

Men. Health Recs.
T. Dennis 114

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-25-96 1330	MHT	1	(D) Patient spent most of the shift in the Day Room playing games with Peers. He attended all Unit activities and went swimming this afternoon with the R.T. Group (A) Patient was social, pleasant and interactive. No signs of depression and suicidal Ideation noted (P) Continue to interact with Patient and monitor him closely for any negative mood change. J. Ogundimu MHT.
6-25-96 1630	SW	3	D: Pt REPORTS HE HAS APPOINTMENT AT G.A. Mon July 1. Pt HAS USED TELEPHONE TIME TO MOVE HIS PERSONAL BUSINESS. A: PLANNING AHEAD P: ASSIST, SUPPORT EFFORTS OF Pt IN POSITIVE PLANS FOR FUTURE. Pt HAS LIST OF HOUSING PROVIDED BY SW. — [illegible] Mary [illegible] LCSW [illegible]
6-25-96 2200	Lpn	1	D Pleasant, social c̄ staff and peers. Had visit c̄ friend. Attended RT group, following his program. A #1 improved P Supportive tx. frequent interactions for self expression, venting of emotions Dominick Lpn

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

02-59-81

Men. Health Recs.
T. Dennis 115

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0370

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-26-96	RN	1	D) Pt. monitored Q1° - In Bed c̄
0300			Eyes Closed —
			A) Resting Quietly thru the Noc
			c̄ s/s any distress — [illegible]
			P) Cont. to monitor Q1° & assist
			as needed — [illegible]
6-26-96	MHT	#12 D)	PT Interacting with Select
1405			Peers, Attended Groups and Activities
			Good Participated in Group Expressed
			Feelings, Cooperative with Staff
			⊖ Problems on Unit
		A)	Mood and Affect Flat, Depressed
			Poor Social Skills
		P)	Cont to Monitor and assist as
			Needed — [illegible]
6-26-96	lpn	1	D Continues pleasant mood social c̄
2200			select peers, flat affect. Following
			program and preparing for discharge.
			A #1 improved
			P Supportive tx. Encourage for making
			plans for discharge.
6-27-96			[illegible] lpn
0535	MHT	1#	D) Pt in bed, eyes are closed.
			A) Pt resting, no problems tonit
			P) Continue to Monitor & assist
			as needed. — [illegible]

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

02-59-81

ER 0371

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

Men. Health Recs.
T. Dennis 116

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
6/27/96 1115	BN SW MD RN		D: pt. reports depression improving pt. reports he is going to AA meeting tonight; However he is resistant to idea that Etoh "is a problem", overall. pt. denies any suicidal/homicidal ideation. Sleep "like a rock" no problem. pt. reports his hemmoid problem improved or improving. Insofar as hepatitis-C - pt. stated he "knows nothing about it" - Dr. Atkins mentioned a hand-out & staying away from Etoh as an aide. Terry Flynn reviewed housing - pt. had to interrupt his [illegible] housing meeting to come to meeting. No word yet. pt. reports doing some but not all deep muscle relaxations. A: pt.'s progress is reviewed. P: pt. signs the progress update report. [illegible] R. Atkins M.D. Mary [illegible] LCSW [illegible] Jeff [illegible], MSAT

Men. Health Recs.
T. Dennis 117

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

02-59-81 WCPD

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0372

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
6-27-96 1930	MHT	1	D.) Pt. very social and friendly c̄ peers; ~~c/o headache and complaints when Tylenol wasn't made~~ PL MISTAKE 6-27-96, watched tv. and played ping-pong, attended group, paced around unit a little bit. A.) Appropriate affect, denies homicidal ideation. P.) Offer 1:1 to express feelings, encourage social interaction of [illegible]
6-28-96 1015	PGD	1,2	D. "I keep forgetting to do the things you told me to do but I guess it helps." Pt. is referring to coping skills training and ways to deal c̄ PTSD issues. Pt. further states "I was told that before" as he is referring to feedback of psy. testing & recommendations. A. Pt. is stable at this point -- psy. testing reveals poor adjustment & angry, manipulative personality c̄ strong antisocial traits c̄ depression. P. Pt educated in coping skills PTSD issues and provided c̄ feedback of psy test findings. [signature] Ph.D.

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

02-59-81

Men. Health Recs.
T. Dennis 118

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0373

DATE/TIME	DISC.	PROBL	PROGRESS NOTES
6-28-96 11:30	SW	3	D: PT DENIES SI/HI, HAS FUTURE PLANS. PT REPORTS "IT COULDN'T HAVE WORKED OUT BETTER" RE: HOUSING. A: COOPERATIVE, DENIES SI/HI HAS FUTURE PLANS. P: DISCH AS ORDERED C̄ INSTRUCTIONS, MEDS & FOLLOW-UP APPS. [signature] Mary [signature]
6/28/96 1240	RN	1	(D) Pt is ready for discharge. He is returning to his previous placement and feels very positive about future. (A) No verbalization of S/I, remains in denial re: ~~dis~~ EtOH dependence. Bright affect, ready to go. (P) D/C to self c̄ all personal belongings. Able to demonstrate knowledge of importance of med compliance. ~~[illegible]~~ Has follow up appts — [signature]
6/28/96 1630	A.T.	I	(D) PT IS MEETING A.T. GOALS AND IS ATTENDING OVER 70% OF OFFERED LEISURE GROUPS. MOOD AND SOCIAL SKILLS GREATLY IMPROVED. PT USING GYM AND IS MAKING GOOD PLANS FOR DC. (A) PROBLEM GREATLY IMPROVED. (P) ADVOCATE FOR PT TO ATTEND OFFERED COMMUNITY OUTINGS TO ASSESS COMMUNITY SKILLS. D. [signature] C.T.R.S.

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

02-59-81

Men. Health Recs.
T. Dennis 119

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

ER 0374

NEVADA MENTAL HEALTH
480 GALLETTI WAY
SPARKS, NV. 8

Sierra Nevada Laboratories
AN AFFILIATE OF LAB Y CORPORATION OF AMERICA

MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

COPY 1 C60392

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(916) 774-8200 • (800) 225-4511

LAS VEGAS LABORATORY
2060 E. FLAMINGO, STE. 212
LAS VEGAS, NV 89119
(702) 384-9545

ALL TESTING PERFORMED AT CENTRAL LABORATORY UNLESS NOTED.

DENNIS, TERRY

KR 6/16/96 1300

PATIENT ID: 02 59 81
DOB: 10/14/46 SEX: M
FASTING: Y

REQ NO: 04965717

QA CHECKED: SDP
ACCN # : A1865012
COLLECTED: 06/14/96 06:40
RECEIVED: 06/14/96 08:00
REPORTED: 06/14/96 11:35

ATKINS
TEST PROCEDURES

CHEMISTRY PANEL	RESULTS		REFERENCE RANGE	UNITS	TL
SODIUM	137		135 - 145	mmol/L	
POTASSIUM	4.8		3.6 - 5.5	mmol/L	
CHLORIDE	102		96 - 112	mmol/L	
TOTAL BILIRUBIN	0.9		0.1 - 1.5	mg/dL	
ALKALINE PHOSPHATASE	93		37 - 125	U/L	
LDH TOTAL	148		50 - 210	U/L	
GAMMA GT	(H)	174	7 - 51	U/L	
SGOT	30		12 - 45	U/L	
SGPT	38		2 - 50	U/L	
CALCIUM	9.7		8.4 - 10.2	mg/dL	
PHOSPHORUS	3.8		2.5 - 4.5	mg/dL	
BUN	9		8 - 22	mg/dL	
CREATININE	0.9		0.5 - 1.4	mg/dL	
BUN/CREATININE RATIO	10.00				
URIC ACID	5.8		2.5 - 9.2	mg/dL	
TOTAL PROTEIN	6.7		6.0 - 8.2	g/dL	
ALBUMIN	4.0		3.4 - 4.8	g/dL	
GLOBULIN	2.7		1.9 - 3.5	g/dL	
A/G RATIO	1.5		1.1 - 2.4	g/dL	
GLUCOSE	101		60 - 115	mg/dL	
CHOLESTEROL	185		<200	mg/dL	
TRIGLYCERIDES	74		<250	mg/dL	
IRON	(H)	197	46 - 196	mcg/dL	
CARBAMAZEPINE (TEGRETOL)	(L)	<0.2	4.0 - 10.0	mcg/mL	

TEST RESULTS HAVE BEEN CHECKED AND CONFIRMED

ER 0375

Men. Health Recs.
T. Dennis 120

1

Patient Name	Dennis, Terry			
Age	Date of Birth	Sex	Collection Date	Time
	10-14-46	m	6-14-96	0640
Date Received	Date Reported	Time Reported		
	6-14-96	0725		
Technologist Signature		Fasting		
MR		Total Volume		

Physician	Medical Record No.
	25981
Account No.	
Comments: KA 6/16/96 1300	

HEMATOLOGY

TEST	PATIENT RESULTS	REFERENCE RANGE	UNITS
☒ CBC With Differential			
☐ CBC Without Differential			
White Blood Count	6.9	4.2–10.5	10–3/mm–3
Red Blood Count	4.59	3.5–6.0	10–6/mm–3
Hemoglobin	15.9	12.0–16.0	g/dl
Hematocrit	43.0	36–55	%
MCV	93.8	80–100	cmm
MCH	34.7	26.0–34.0	pg
MCHC	37.1	31–37	%
Differential			
Polys	69	45–75	
Lymphs	23	20–45	
Monocytes	8	0–10	
Eosinphils		0–6	
Basophils		0–3	
Bands		0–6	
Platelet Estimation	Adequate		
RBC Morphology	Normochromic Normocytic		
☐ Platelet Count	358,000	140–450	10–3/mm–3
☐ Sedimentation Rate (ESR)			
Wintrobe		F:0–20 M:0–10	mm/hr
Westergren		0–30	
☐ Reticulocyte Count		0.5–1.5	%

ER 0376

Men. Health Recs.
T. Dennis 121

NEVADA MENTAL HEALTH INSTITUTE

HEMATOLOGY REPORT

Dennis, Terry
25981

Patient Name				
Dennis, Terry				
Age	Date of Birth	Sex	Collection Date	Time
	10/14/46	M	?	?
Date Received	Date Reported	Time Reported		
	6-17-96	0500		
Technologist Signature		Fasting		
MAT		Total Volume		

Physician	Medical Record No.
	25981
Account No.	
Comments: FOR URINE DRUG SCREEN ONLY RESULTS ARE FOR MEDICAL DIAGNOSTIC PURPOSES ONLY. POSITIVES ARE NOT QUANTITATE SPECIMEN WAS RECEIVED WITHOUT DOCUMENTED CHAIN OF CUSTODY	

URINES

TEST	PATIENT RESULTS	REFERENCE RANGE
☒ URINALYSIS		
Specific Gravity	1.020	1.010–1.030
pH	6.0	4.5–8.5
Color	straw	Yellow/straw
Appearance	Clear	Clear
Protein	0	Negative
Glucose	0	Negative
Ketones	2+	Negative
Bilirubin	0	Negative
Urobilinogen	0	Negative
Nitrite	0	Negative
WBC Esterase	0	Negative
Blood	0	Negative
Microscopic Exam		
WBC		0–3/HPF
RBC		0–2/HPF
Epithelial cells	Microscopic not indicated	0–3/HPF
Bacteria		Negative
Casts		Negative
Crystals		Negative
Other		Negative
☐ Urine Pregnancy Test		
☒ Urine Drug Screen (QUAL)		
Benzodiazepines	neg	Negative
Opiate screen	neg	Negative
Cannabinoid	neg	Negative
Barbiturates	neg	Negative
Amphetamines	neg	Negative
Cocaine	neg	Negative
Phencyclidine	neg	Negative
Tricyclic	neg	Negative
Methadone		Negative

KA 8/8/96 1540

ER 0377

Men. Health Recs.
T. Dennis 122

NEVADA MENTAL HEALTH INSTITUTE

URINE CHEMISTRIES

Dennis, Terry

Month Year

ART ATE	DRUG - STRENGTH - ROUTE - DIRECTIONS	TIMES ADMIN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
/13	Multi Vit & tab	0800																					PA	PA									
13	po gd x 30 days																																
	Sertzone 50 mg. P.O.	0800																					PA	PA									
	B.I.D. x 30 days	2100																															
	(Nefazodone)																																
-96	Sertzone 100 mg po bid	0800																															
24	nefazodone	2100																															

SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	PA	P. Aitchen	[illegible]	[illegible]	[illegible]	[illegible]

NEVADA MENTAL HEALTH INSTITUTE

MEDICATION ADMINISTRATION RECORD

12

Rev. 5/89

ER 0378

Men. Health Recs.
T. Dennis 123

02-59-81

DENNIS, TERRY

2 = Relieved

Month

ATE	DOSAGE, FREQUENCY, ROUTE			R		R		R		R		R		R		R		R		R
art 13 op 13	Acetaminophen 325 ii tabs P.O. Q4 prn Pain X 30 days	Date																		
		Time																		
		Init.																		
art 13 op 13	Alumina / Magnesia 30 ml po Q1B PRN Indigestion X 30 days	Date	6/13	1																
		Time	2200	2223																
		Init.	RB	RB																
art 13 op 13	Milk of Magnesia 30 ml po Q HS PRN Constipation X 30 days	Date																		
		Time																		
		Init.																		
art 13 op 16	Benztropine 2mg PO q 6 PRN EPS X 30 days	Date																		
		Time																		
		Init.																		
art 13 op 16	Benztropine 2mg IMq 6 PRN EPS X 30 days	Date																		
		Time																		
		Init.																		
art 13 op 16	Chlorpromazine 50mg PO q 6° PRN Agitation X 30 days	Date	6/15	1	6/16	1	6/16	1												
		Time	1020	1050	0800	0900	1000	0900												
		Init.	RM	RM	RB	RB	RB	RB												
art 13 op 16	Chlorpromazine 50mg IM q 6° PRN Psychosis X 30 days	Date																		
		Time																		
		Init.																		

SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE
	RB	RB Brandwell	R	R Bania				
	RB	RB Brandwell						

NEVADA MENTAL HEALTH INSTITUTE

PRN MEDICATION RECORD

12-A

ER 0379

5/89

Men. Health Recs.
T. Dennis 124

02-59-81

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

C----- ,scontinued
nit.-----Refused

O/Init.-----Off Grounds
H/Init.-----Held per Order

6 Month 96 Year

START DATE	TREATMENT	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
/17	Selsen Shampoo	0800																															
	1 bottle apply																																
	leave on 10																																
	min then																																
	rinse off																																
/17	Hydrocortisone	0800																															
	1% hemorroid	1200																															
	Cream apply	1700																															
	TAA Q 1B	2100																															
	PRN X 7 days																																

SIGNATURE	Init	SIGNATURE	Init	SIGNATURE	Init	SIGNATURE	Init	SIGNATURE
R Brandwald Jr	Jr	[illegible]	[illegible]	[illegible]	PA	P. Akshan	[illegible]	[illegible]

NEVADA MENTAL HEALTH INSTITUTE

TREATMENT RECORD

MD 117 5/90

Dennis Terry

DENNIS TERRY
10-14-[illegible] 49 C/M
06/13/96 ZZZZZZ

Men. Health Recs.
T. Dennis 125

ER 0380

DATE	TIME	B/P	T	P	R				WEIGHT	SIGNAT
6/13/96	1701	120/60	99.4	98	20					[illegible]
6/14/96	0600	112/96	96.1	76	18					[illegible]
14-96	1245	120/70	97.5	70	18					[illegible]
6/14/96	2000	110/70	96.2	80	18					[illegible]
6/15/96	0600	117/86	97.3	60	18					[illegible]
6-15-96	1250	120/70	97.6	68	18					[illegible]
6/15/96	2000	122/60	96.2	96	20					B. Carroll
6/16/	0600	122/84	96.7	68	16					[illegible]
6/16/96	1200	125/70	98	88	20					[illegible]
6/16	2000	122/70	98.6	74	18					[illegible]
6/17	0600	118/80	96.6	72	20					[illegible]
6-17	1300	110/70	96.3	80	18					[illegible]
6/17	1900	130/70	97.1	80	20					[illegible]
6/18/96	0600	112/78	97.6	68	16					[illegible]
6-18-96	1245	128/80	97.9	80	16					[illegible]

ER 0381

Men. Health Recs.
T. Dennis 126

NEVADA MENTAL HEALTH INSTITUTE

VITAL SIGNS/WEIGHT FLOW SHEET

MR 123

02-59-81

DENNIS, TERRY

ER 0382

Code	Treatment/Behavior	DAY	Code	Int		EVE	Int		NOC Code	Int
1.	Staff Intervention	0700	11	BB	1500	11, 19	[illegible]	2300	13	[illegible]
2.	Medication	0715			1515			2315		
3.	Group Activities	0730	11	BB	1530	11, 19	[illegible]	2330	14	[illegible]
4.	Eating	0745			1545			2345		
5.	Drinking	0800	16	BB	1600	11, 19	AK	2400	14	[illegible]
6.	Bathing	0815			1615			New Day 0015		
7.	Toileting	0830	17	BB	1630	11, 19	AK	0030	14	[illegible]
8.	Talking with Peers	0845			1645			0045		
9.	Pacing	0900	3	BB	1700	4, 5	[illegible]	0100	14	[illegible]
10.	See Progress Note	0915			1715			0115		
11.	Sitting	0930	11, 16	BB	1730	17	MCG	0130	14	[illegible]
12.	Standing	0945			1745			0145		
13.	Lying Down	1000	18	BB	1800	11, 21	MCG	0200	14	[illegible]
14.	Sleeping	1015			1815			0215		
15.	Other:	1030	19	BB	1830	11, 21	[illegible]	0230	14	[illegible]
16.	Reading	1045			1845			0245		
17.	Smoke	1100	19	BB	1900	11, 21	[illegible]	0300	16	[illegible]
18.	Writing	1115			1915			0315		
19.	TV	1130	19	BB	1930	11, 21	MCG	0330	14	[illegible]
20.	Shower	1145			1945			0345		
21.	WATCHING MOVIE	1200	11, 8	BB	2000	11, 21	MCG	0400	14	[illegible]
22.		1215			2015			0415		
23.		1230	11, 8	BB	2030	11, 21	MCG	0430	14	[illegible]
24.		1245			2045			0445		
25.		1300	17	BB	2100	17	MCG	0500	10	[illegible]
		1315			2115			0515		
		1330	20	BB	2130	11, 21	[illegible]	0530	14	[illegible]
		1345			2145			0545		
		1400	11, 8	BB	2200	20	[illegible]	0600	14	[illegible]
		1415			2215			0615		
		1430	11, 8	BB	2230	11, 19	[illegible]	0630	9	[illegible]
		1445			2245			0645		

Int.	Signature	Int.	Signature	Int.	Signature
BB	[illegible] MHT	MCG	M. Q. GOMEZ, MHT	[illegible]	[illegible] MHT
AK	A. Korba MHT3	[illegible]	[illegible], MHT	[illegible]	Jackson MHT
MB	M. Brown MHT 3	[illegible]	[illegible] MHT3	[illegible]	[illegible] MHT

Refer to Progress Note for Physician, Registered Nurse and other Clinical Entries

Nevada Mental Health Institute

HIGH RISK PRECAUTIONS
OBSERVATION/DOCUMENTATION RECORD

MA-131A Revised 7/93

Dennis

02-59-81

Men. Health Recs.
T. Dennis 127

DENNIS, TERRY
10-14-46 49 C/M

Code	Treatment/Behavior		DAY Code	DAY Int		EVE Code	EVE Int		NOC Code	NOC Int
1.	Staff Intervention	0700	11	BH	1500	11	R	2300	13	DC
2.	Medication	0715			1515			2315		
3.	Group Activities	0730	4	BH	1530	11,16	MCG	2330	13	MY
4.	Eating	0745			1545			2345		
5.	Drinking	0800	11	BH	1600	11,16	MCG	2400	13	MY
6.	Bathing	0815			1615			New Day 0015		
7.	Toileting	0830	11	BH	1630	16	D	0030	14	BB
8.	Talking with Peers	0845			1645			0045		
9.	Pacing	0900	11	BH	1700	16	D	0100	14	BB
10.	See Progress Note	0915			1715			0115		
11.	Sitting	0930	13 15	BH	1730	17	MCG	0130	14	EY
12.	Standing	0945			1745			0145		
13.	Lying Down	1000	11	BH	1800	11,16	MCG	0200	14	EY
14.	Sleeping	1015			1815			0215		
15.	Other: READING	1030	11	BH	1830	11,16	AK	0230	14	EY
16.	TV	1045			1845			0245		
17.	SMOKE BREAK	1100	3	W	1900	11,16	AK	0300	14	EY
18.	Snacks	1115			1915			0315		
19.		1130	3	W	1930	8,11	MCG	0330	14	MY
20.		1145			1945			0345		
21.		1200	11	W	2000	11,16	MCG	0400	14	MY
22.		1215			2015			0415		
23.		1230	4	W	2030	18-11	JM	0430	14	MB
24.		1245			2045			0445		
25.		1300	11	BH	2100	8-12	JM	0500	14	MB
		1315			2115			0515		
		1330	11 16	B	2130	13	MCG	0530	14	MY
		1345			2145			0545		
		1400	16	B	2200	13	DC	0600	14	MY
		1415			2215			0615		
		1430	16	B	2230	13	DC	0630	11	MY
		1445			2245			0645		

Int.	Signature	Int.	Signature	Int.	Signature
BH	B Hyde MHT	AK	AK [illegible] MHT3	MCG	M.C. GOMEZ, MHT
W	[illegible] MHT3	JM	Joyce Miller MHT3	DC	D. Black MHT-2
B	[illegible]	D	[illegible] MHT3	DC	Dan Cerda MHT

Refer to Progress Note for Physician, Registered Nurse and other Clinical Entries

Nevada Mental Health Institute

HIGH RISK PRECAUTIONS
OBSERVATION/DOCUMENTATION RECORD

MR-131A Revised 7/93

02-59-81

DENNIS, TERRY
10-14-46 49 C/M
06/13/96 ZZZZZZ

Men. Health Recs.
T. Dennis 128

ER 0383

Code	Treatment/Behavior	DAY	Code	Int	EVE		Int	NOC	Code	Int
1.	Staff Intervention	0700			1500			2300	19	
2.	Medication	0715			1515			2315		
3.	Group Activities	0730			1530			2330	14	
4.	Eating	0745			1545			2345		
5.	Drinking	0800			1600			2400	14	
6.	Bathing	0815			1615			New Day 0015		
7.	Toileting	0830			1630			0030	14	
8.	Talking with Peers	0845			1645			0045		
9.	Pacing	0900			1700	4		0100	14	
10.	See Progress Note	0915			1715			0115		
11.	Sitting	0930			1730	4		0130	14	
12.	Standing	0945			1745			0145		
13.	Lying Down	1000			1800	17		0200	14	
14.	Sleeping	1015			1815			0215		
15.	Other:	1030			1830	11, 18		0230	14	
16.	Admit to unit	1045			1845			0245		
17.	c mute	1100			1900	6		0300	14	
18.	writing	1115			1915			0315		
19.	I.V.	1130			1930	13		0330	14	
20.		1145			1945			0345		
21.		1200			2000			0400	14	
22.		1215			2015			0415		
23.		1230			2030	9, 19		0430	14	
24.		1245			2045			0445		
25.		1300			2100	9, 19		0500	14	
		1315			2115			0515		
		1330			2130	19		0530	14	
		1345			2145			0545		
		1400			2200	19		0600	14	
		1415			2215			0615		
		1430			2230	19		0630	11	
		1445			2245			0645		

Int.	Signature	Int.	Signature	Int.	Signature

Refer to Progress Note for Physician, Registered Nurse and other Clinical Entries

Men. Health Recs.
T. Dennis 129

Nevada Mental Health Institute

HIGH RISK PRECAUTIONS
OBSERVATION/DOCUMENTATION RECORD

MR-131A Revised 7/93

02-59-81

DENNIS, TERRY
12-14-46 49 C/M
06/13/96 777777

ER 0384

Code	Treatment/Behavior		Code	Int		Code	Int		Code	Int
1.	Staff Intervention	0700	11		1500	11, 17		2300	13	MCG
2.	Medication	0715			1515			2315		
3.	Group Activities	0730	11		1530	11		2330	13	
4.	Eating	0745			1545			2345		
5.	Drinking	0800	11		1600	11,15	MCG	2400	14	
6.	Bathing	0815			1615	—		New Day 0015		
7.	Toileting	0830	11		1630	11,15	MCG	0030	14	
8.	Talking with Peers	0845			1645			0045		
9.	Pacing	0900	11		1700	445	MCG	0100	14	
10.	See Progress Note	0915			1715			0115		
11.	Sitting	0930	11		1730	16		0130	14	
12.	Standing	0945			1745			0145		
13.	Lying Down	1000	11,17		1800	11		0200	14	
14.	Sleeping	1015			1815			0215		
15.	Other: QUIET	1030	17		1830	8, 11		0230	14	
16.	Smoking	1045			1845			0245		
17.	Reading	1100	10		1900	8, 11		0300	14	
18.	Writing	1115			1915			0315		
19.	TV	1130	10		1930	8, 11		0330	14	
20.		1145			1945			0345		
21.		1200	11		2000	19		0400	14	
22.		1215			2015			0415		
23.		1230	11		2030	14		0430	14	
24.		1245			2045			0445		
25.		1300	11		2100	11		0500	14	
		1315			2115			0515		
		1330	11, 17		2130	13		0530	14	
		1345			2145			0545		
		1400	11, 18		2200	13	MCG	0600	14	
		1415			2215			0615		
		1430	11		2230	13	MCG	0630	11	
		1445			2245			0645		

Int.	Signature	Int.	Signature	Int.	Signature
	Bena Somoli	MCG	M.C. GOMEZ, MHT-3		
	Ch Peal MHT3		Gayle Miller MHT3		
	Mary Brown MHT 3		B. Rengel MHT3		J. Edwards MHT3

Refer to Progress Note for Physician, Registered Nurse and other Clinical Entries

Nevada Mental Health Institute

HIGH RISK PRECAUTIONS
OBSERVATION/DOCUMENTATION RECORD

MR-131A Revised 7/93

Men. Health Recs.
T. Dennis 130

02-59-81

ER 0385

DENNIS, TERRY
10-14-46 49 C/M

Code	Treatment/Behavior		Code	Int		Code	Int		Code	Int
			DAY			EVE			NOC	
1.	Staff Intervention	0700	11	BH	1500			2300		
2.	Medication	0715			1515			2315		
3.	Group Activities	0730	11	BH	1530			2330		
	Eating	0745			1545			2345		
5.	Drinking	0800	11	BH	1600			2400		
6.	Bathing	0815			1615	—		New Day 0015		
7.	Toileting	0830	11	BH	1630			0030		
8.	Talking with Peers	0845			1645			0045		
9.	Pacing	0900	11	BH	1700			0100		
10.	See Progress Note	0915			1715			0115		
11.	Sitting	0930	11	BH	1730			0130		
12.	Standing	0945			1745			0145		
13.	Lying Down	1000	11	BH	1800			0200		
14.	Sleeping	1015			1815			0215		
15.	Other: GHRP DCD	1030	15	BH	1830			0230		
16.		1045			1845			0245		
17.		1100			1900			0300		
18.		1115			1915			0315		
19.		1130			1930			0330		
20.		1145			1945			0345		
21.		1200			2000			0400		
		1215			2015			0415		
23.		1230			2030			0430		
24.		1245			2045			0445		
25.		1300			2100			0500		
		1315			2115			0515		
		1330			2130			0530		
		1345			2145			0545		
		1400			2200			0600		
		1415			2215			0615		
		1430			2230			0630		
		1445			2245			0645	DCPD	patient

Int.	Signature	Int.	Signature	Int.	Signature
BH	BHaughmt				

Refer to Progress Note for Physician, Registered Nurse and other Clinical Entries

Men. Health Recs.
T. Dennis 131

Nevada Mental Health Institute

HIGH RISK PRECAUTIONS
OBSERVATION/DOCUMENTATION RECORD

MH-131A Revised 7/93

C2-59-81

ER 0386

DENNIS, TERRY
10-14-46 49 C/M
[illegible]

CIRCLE APPROPRIATE CODE AND WRITE CODE IN BOX PROVIDED

04	INSTITUTION NMHI	INPATIENT/OUTPATIENT: (I) (O)	O

FIRST / MIDDLE NAME: Terry T	LAST NAME: Dennis
ADDRESS 1: Homeless Shelter	ADDRESS 2: —
CITY: Reno	COUNTY: Washoe
STATE / ZIP / COUNTRY: NV 89504 US	BUSINESS PHONE: ( )
HOME PHONE: ( )	
AKA FIRST NAME: —	AKA LAST NAME: —
MEDICAL RECORD #: 25981	SOCIAL SECURITY #: 534-44-8825
A ADULT / ADOLESCENT	BIRTH DATE: 10 / 14 / 46

ETHNICITY
(A) ASIAN / PACIFIC ISLANDER
(B) BLACK
(H) HISPANIC
(N) NATIVE AMERICAN/ALASKAN
(O) OTHER
(U) UNKNOWN
(W) WHITE

W

MARITAL
(D) DIVORCED
(M) MARRIED
(N) NEVER MARRIED
(X) SEPARATED
(U) UNKNOWN
(W) WIDOWED

X

ADMIT DATE: 08 / 30 / 95
TIME: 1200

PROGRAM: (IP) (OP) OP

UNIT/SITE
(IP8N) IP-8 NORTH
(IP8S) IP-8 SOUTH
(30) N.M.H.I
(31) FAMILY COUNSELING SERVICES
(08) OTHER FACILITY/SITE

30

ROOM / BED:

VOL / INVOL / EMERG: (V) (I) (E) V

99 SERVICE CODE: (03) INPT (99) OP

LEGAL CLASS
START: ___ / ___ / ___
END: ___ / ___ / ___

LEGAL CLASS
(CC) COURT COMMITMENT
(DA) DA PETITION
(EM) EMERGENCY
(PP) PETITION PENDING
(VO) VOLUNTARY
(RC) RETURN FROM CONVALESCENT LEAVE
(CR) RELEASED BY COURT

VO

RESIDENCY
(1) LESS THAN 6 MONTHS
(2) SIX MONTHS OR LONGER
(3) NON-RESIDENT
(9) UNKNOWN

1

ER 0387

Men. Health Recs.
T. Dennis 132

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(ADMISSION 1)

MR 100A Mar-95

25981
DENNIS, TERRY
10/14/95 48 M/C
8/30/90 OUTPATIENT

CIRCLE APPROPRIATE CODE AND WRITE CODE IN BOX PROVIDED

ADMIT CODE

(IC)	IP - CLINIC REFERRAL
(ER)	IP - EMERGENCY ROOM
(HM)	IP - HMO REFERRAL
(NA)	IP - INFORMATION NOT AVAILABLE
(II)	IP - INTERVENTION
(LA)	IP - LAW ENFORCEMENT / COURTS
(ID)	IP - PHYSICIAN REFERRAL
(06)	IP-TRANSFER FROM OTHER HTH CARE
(IS)	IP - SELF REFERRAL
(CR)	OP - CLINIC REFERRAL
(OE)	OP - EMERGENCY ROOM
(OX)	OP - INFORMATION NOT AVAILABLE
(OL)	OP - LAW ENFORCEMENT / COURTS
(TH)	OP - TRANSFER FROM HOSPITAL
(OT)	OP - TRANSFER FROM OTHER FACILITY
(OS)	OP - SELF REFERRAL

TH

ADMITTING PHYSICIAN: Atkins

REFERRED BY

(00100)	SELF
(00101)	FAMILY/FRIEND
(00318)	WASHOE COUNTY CLINIC
(00310)	WASHOE MEDICAL CENTER
(00312)	ST. MARY'S REG. MED. CTR.
(00313)	WEST HILLS HOSPITAL
(00314)	CARSON - TAHOE HOSPITAL
(00311)	N. NEVADA MEDICAL CENTER
(00315)	VA MEDICAL CENTER
(00016)	OTHER HOSPITAL SPECIFY:
(00017)	N.M.H.I. OUTPATIENT SERVICES
(00018)	N.M.H.I. INPATIENT SERVICES
(32000)	CRISIS OUTPATIENT COUNSELING
(00005)	LAKES CROSSING
(00300)	RENO POLICE DEPARTMENT
(00301)	SPARKS POLICE DEPARTMENT
(00302)	WASHOE COUNTY SHERIFF DEPT.
(00303)	OTHER POLICE. SPECIFY:
(00332)	S.A.F.E.S.
(00025)	N.A.S.A.C.
(00040)	PRIVATE PRACTIONER
(00008)	RURAL CLINICS. SPECIFY:
(00092)	OTHER. SPECIFY:

00015

ADMIT REASON

(01)	IP - EMER	(04)	IP - ELECTIVE
(02)	OP - EMER	(09)	OP-INFO NOT AVAIL.
(03)	OP - ELECTIVE	(99)	IP - INFO NOT AVAIL.

ADMISSION REFERRAL SOURCE:

(21)	SELF, FAMILY, FRIEND	(42)	CLERGY
(36)	SHLTR HOMELESS/ABUSED	(45)	COURTS
(24)	SOCIAL/COMM. AGENCY	(99)	UNKNOWN
(22)	LAW ENFORCEMENT AGN	(26)	MEDICAL FACILITY
(34)	MH PROFESSIONAL (PRIV. PRACTICE)	(30)	NURSING HOME
(25)	OTHER DIV MH/MR FAC	(50)	OTHER PSYCH FAC.
(44)	PHYSICIAN (NON-PSYCHIATRIC)	(46)	PRISON/CORRECTIONAL FACILITY
(39)	OTHER, SPECIFY:		

RESIDENTIAL ARRANGEMENT

(01)	PRIVATE RESID.	(05)	STREET
(02)	COMM. RESID. FAC	(06)	HOMELESS SHELTER
(03)	CORRECTIONAL FAC.	(07)	OTHER
(04)	OTHER INST. SETTING	(99)	UNKNOWN

06

LIVING ARRANGEMENT

(01)	ALONE	(07)	W/ NON-RELATIVES
(02)	WITH RELATIVES	(99)	UNKNOWN

CLINICAL STATUS

(AL)	ALCOHOL USE
(CH)	CHILD NEGLECT VICTIM
(CO)	COPING
(CR)	CRIMINAL JUSTICE INVOLVEMENT
(DA)	DANGEROUS / ASSAULTIVE
(DE)	DEPRESSION
(DR)	DRUG USE (OTHER THAN ALCOHOL)
(ED)	EATING DISORDER
(JU)	JUVENILE JUSTICE INVOLVEMENT
(ME)	MEDICAL / SOMATIC
(PP)	PHYSICAL CHILD ABUSE PERPETRATOR
(CV)	PHYSICAL CHILD ABUSE VICTIM
(RA)	RAPE VICTIM
(RU)	RUNAWAY BEHAVIOR
(SC)	SCHOOL INVOLVEMENT
(SP)	SEXUAL CHILD ABUSE PERPETRATOR
(SV)	SEXUAL CHILD ABUSE VICTIM
(SA)	SPOUSE ABUSE VICTIM
(SU)	SUICIDE ATTEMPT / THREAT
(TD)	THOUGHT DISORDER
(XX)	NOT APPLICABLE

01

Men. Health Recs.
T. Dennis 133

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(ADMISSION 2)

MR 1008 Mar-95

25981
DENNIS, TERRY
10/14/95 48 M/C
8/30/90 OUTPATIENT

1/22/96 SMI = YES
SMI - NO

PATIENT

Last Name	First Name	M.I.
Dennis	Terry	J

AKA (Last Name)	AKA (First Name)	Social Security No.	Birth Date	Age
—	—	534-44-8825	10-14-46	48

Permanent Address	City	State	Zip Code	Home Phone No.
Homeless Shelter	Reno	NV.	89501	—

Mailing Address	City	State	Zip Code	Work/Other Phone No.
General Delivery	Reno	NV	89501	—

Employer	Employer Address	City	State	Phone No.
N/A	—	—	—	—

Occupation	Place of Birth	Religion	Sex
N/A	Washington	None	M.

Spouse	Address	Home Phone No.	Work Phone No.
N/A	—	—	—

PRIMARY

Responsible Party	Address	Phone No.	Relationship
Terry Dennis			Self

Emergency Contact	Address	Phone No.	Relationship
Pat Dennis	3015 N.W. 120 st. Seattle	None	Brother

INSURANCE

Insurance Company	ID, Group or Claim No.
N/A	—

Address: —

Insurance Company	ID, Group or Claim No.
N/A	—

Address: —

SSI Benefit No.	Amount per Month	RE	EL	NA	Medicaid Benefit No.	RE	EL	NA
				X				X
SSD Benefit No.	**Amount per Month**	**RE**	**EL**	**NA**	**Medicare Benefit No.**	**RE**	**EL**	**NA**
				X				X
VA Benefit No.	**Amount per Month**	**RE**	**EL**	**NA**	**Other**			
				X	—			

Branch of Service	Service No.	VA Notified By	Person Notified	Date Notified	Time Notified
Air Force	—	—			

ASSETS

Real/Income Property	✓ Ø	Checking Account	✓ Ø	Residence	✓ Ø
Savings Account	✓ Ø	Stocks or Bonds	✓ Ø	Other Unearned Income	✓ Ø

Admitted To							Last NMHI Inpatient Discharge Date	Last NMHI Outpatient Discharge Date	NON-ADMIT
Inpatient				WCOS					Evaluation By: / Date:
8S	8N	Room	Bed	GMC	CM	COC	8-30-95		Physician Contact:
				X					

Clinical Therapist	Admitting Physician	Attending Physician	MR 100 Completed By
P. Kamper	Atkins	Elkins	C Heal/CW

Admit Date	Admit Time	Discharge Date	Discharge Time	LOS	An. by	Co. by
8-30-95	1200	6/13/96		288	Lo	

NEVADA MENTAL HEALTH INSTITUTE
ADMISSION FORM

Dennis, Terry

MR 100

CIRCLE APPROPRI CODE AND WRITE CODE IN BOX PR ED

EDUCATION

(00)	NO FORMAL EDUCATION		
(01)	1ST GRADE	(13)	GED
(02)	2ND GRADE	(14)	BUSINESS COLL.
(03)	3RD GRADE	(15)	VOCATIONAL SCH.
(04)	4TH GRADE	(16)	TECHNICAL SCH.
(05)	5TH GRADE	(17)	SOME COLLEGE
(06)	6TH GRADE	(18)	COLLEGE DEGREE
(07)	7TH GRADE	(19)	SOME GRADUATE WORK
(08)	8TH GRADE		
(09)	9TH GRADE	(20)	GRADUATE DEG.
(10)	10TH GRADE	(98)	SPECIAL EDUC.
(11)	11TH GRADE	(99)	UNKNOWN
(12)	12TH GRADE		

16

EMPLOYMENT STATUS

(EF)	EMPLOYED-FULL TIME
(EP)	EMPLOYED- PART TIME
(HO)	HOMEMAKER
(IN)	INMATE
(AF)	MILITARY
(RE)	RETIRED
(ST)	STUDENT
(UL)	UNEMPLOYED - LOOKING
(UN)	UNEMPLOYED - NOT LOOKING
(OT)	OTHER

UN

VETERAN

Y

(Y) YES (N) NO

DEPENDENTS - # OF PERSONS SUPPTD BY THIS INCOME (INCLUDE CLIENT)

(1)	1 (CLT ONLY)	(5)	5
(2)	2	(6)	6
(3)	3	(7)	7
(4)	4	(8)	8

1

INCOME

(01)	0	(08)	16,000-19,999
(02)	1 - 5,999	(09)	20,000-29,999
(03)	6,000 - 7,999	(10)	25,000-29,999
(04)	8,000 - 9,999	(11)	30,000-35,999
(05)	10,000 - 11,999	(12)	36,000 +
(06)	12,000 - 13,999	(99)	UNKNOWN
(07)	14,000 - 15,999		

01

DSM - IV DIAGNOSIS

DATE 08 / 30 / 95

CLINICIAN ___ / ___ / ___

	CODE	DESCRIPTION
AXIS I	1. 311	Depressive Disorder NC
	2. 304.80	Polysubstance Abuse
	3. 309.81	PTSD
AXIS II	1. 301.83	R/o Borderline P.D.
	2.	
	3.	
AXIS III	1.	Hepatitis B.C.
	2.	
	3.	
AXIS IV		Homeless, Financial/prob
AXIS V CURRENT GAF		65

PROGRAM TRACKING

PROGRAM

(IP)	INPATIENT
(CM)	CASE MANAGMENT
(CMW)	CASE MANAGEMENT- WAIT LIST
(MC)	MED CLINIC
(MCW)	MED CLINIC - WAIT LIST
(COC)	CRISIS OUTPATIENT COUNSELING
(COCW)	CRISIS OP COUNSELING-WAIT LIST
(RESP)	RESPITE CARE

MC

LOCATION

(30)	N.M.H.I.
(50)	LAKES CROSSING
(08)	OTHER SITE / FACILITY

30

ER 0390

Men. Health Recs.
T. Dennis 135

25981

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(MISC. DATA)

DENNIS, TERRY
10/14/95 48 M/C
8/30/90 OUTPATIENT

MR 100C

Mar-95

DATE DISCHARGED: 6-11-97 TIME DISCHARGED: 1500

REASON FOR DISCHARGE

(01) NO FURTH NEEDED. NO REFERRAL
(02) NO FURTHER TX NEEDED. REFERRED TRANSFERRED. ADMITTED ELSEWHERE
(04) FURTHER TX REJECTED BY CLIENT
(07) MOVED
(09) INPATIENT PSYCHIATRIC UNIT
(10) DIED
(22) NO FURTHER TX NEEDED. APPROPRIATE REFERRAL NOT AVAILABLE
(95) PROGRAM CLOSED
(98) OTHER / UNKNOWN (specify)
(99) LOST TO CONTACT. DISCHARGED AFTER 90 DAYS

09

DISCHARGE TYPE

(1) CLT HOME/ SELF
(2) GEN. HOSPITAL
(3) SKILLED NURSING HM
(4) GROUP HOME
(6) A.W.O.L.
(7) EXPIRED "DIED"
(8) OUTPATIENT, STILL CLIENT
(9) MORE RESTRICTIVE TX
(0) OTHER
(A) AMA
(C) COURT ORDERED
(L) CONVALESCT LV
(F) CORRECTNL FAC

9

LEGAL CLASS AT TIME OF DISCHARGE

(CC) COURT COMMITMENT
(DA) DA PETITION
(EM) EMERGENCY
(RC) RETURN FROM CONV LV
(PP) PETITION PENDING
(VO) VOLUNTARY
(CR) RELEASED BY COURT

EM
PK ~~VO~~

RESIDENTIAL ARRANGEMENT

(01) PRIVATE RESID.
(02) COMM RESID. FAC
(03) CORRECTNL FAC
(04) OTHER INST SETTING
(05) STREET
(06) HOMELESS SHLTR
(07) OTHER
(99) UNKNOWN

06

DISCHARGE PHYSICIAN Moservy

DISCHARGED TO

(00100)
(00101) FAMILY/FRIEND
(00318) WASHOE CLINIC
(00310) WASHOE MEDICAL CENTER
(00312) ST. MARY'S REG. MED. CTR
(00313) WEST HILLS HOSPITAL
(00314) CARSON - TAHOE HOSPITAL
(00311) N. NEVADA MEDICAL CENTER
(00315) VA MEDICAL CENTER
(00016) OTHER HOSPITAL SPECIFY:
(00017) N.M.H.I. OUTPATIENT SERVICES
(00018) N.M.H.I. INPATIENT SERVICES
(32000) CRISIS OUTPATIENT COUNSELING
(00005) LAKES CROSSING
(00300) RENO POLICE DEPARTMENT
(00301) SPARKS POLICE DEPARTMENT
(00302) WASHOE COUNTY SHERIFF DEPT.
(00303) OTHER POLICE, SPECIFY:
(00332) S.A.F.E.S.
(00025) N.A.S.A.C.
(00040) PRIVATE PRACTIONER
(00008) RURAL CLINICS, SPECIFY:
OTHER, SPECIFY:

REFERRED TO

(00017) N.M.H.I. OUTPATIENT SERVICES
(00018) N.M.H.I. INPATIENT SERVICES
(00350) G.M.C.
(00351) DAY TRAINING
(00352) CRISIS OUTPATIENT COUNSELING
(00353) CASE MANAGEMENT
(32000) FAMILY COUNSELING
(00008) RURAL CLINICS, SPECIFY:
(00033) A.A. / N.A.
(00071) PROBATION OFFICER
(00040) PRIVATE PRACTIONER
(00037) OUT OF STATE, NO REFERRAL
(00091) NO REFERRAL
(00100) SELF
(00101) FAMILY/FRIEND

ER 0391

DSM - IV DIAGNOSIS

DATE 6-20-96
CLINICIAN Kampen

AXIS I	CODE	1. 296.32	2. 312.30	3.
	DESCRIPTION			
AXIS II	CODE	1. ~~301.7~~	2.	3.
	DESCRIPTION			
AXIS III	CODE	1. ~~Hepatitis B.C~~	2.	3.
	DESCRIPTION			
AXIS IV	3. moderate			
AXIS V	CURRENT GAF	45		

Men. Health Recs.
T. Dennis 136

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(DISCHARGE DATA)

MR 100D Mar-95

25991

DENNIS, TERRY
10/14/95 48 M/C
8/30/90 OUTPATIENT

ER 0392

Date of Admission: 8/30/95 Date of Discharge: 6/13/96

IDENTIFICATION:
(Patient's age, sex, race, etc.)

48 year old. separated unemployed homeless caucasian male.

REASON FOR ADMISSION:
(Chief complaint)

This patient was referred from inpatient services where he had been from 8/19/95-8/30/95 after a suicide attempt with a twin

SIGNIFICANT FINDINGS:
(Physical and mental condition at time of admission and discharge)

Patient has a previous inpt admission in 1966 for an overdoses on aspirin. He has also been incarcerated x2. Hx of IVDA but denies use of drugs > 6 months. drug possess married x3. Most recent only lasted 6 months.

Admission:

Discharge: Problems with temper. He was referred to OP on Paxil, Cogentin & Trilafon. At 10/9/95 contact, Trilafon & Cogentin was stopped. However Trilafon was restarted & Tegretol added. Paxil stopped mod x 2 wks in May → ↑ depression & agitation. At 6/13/96 appt he arrived with alcohol & breath & ↑ agitated. → IP admission

MEDICATION AT DISCHARGE: 2° GI upset & Zoloft begun 4/18/96 He stopped

Tegretol 100 mg QAM & 300 mg QHS Zoloft 50 mg PO QD

DISPOSITION AND INSTRUCTIONS TO PATIENT/FAMILY:

Close chart. Patient has been admitted to inpatient services.

CURRENT DISCHARGE DIAGNOSIS: 312.30 Impulse Control Disorder

Axis I: 296.32 Major Depression, Recurrent Moderate

Axis II: 301.7 Antisocial Personality Disorder

Axis III: Hepatitis B & C

Axis IV: 3. moderate

Axis V: 45

...ally investigate ... of drug abuse patie...

Released to: WCPD

Peggy Vampa, APN 6/20/96
Signature Date

Neal Ely M.D. for Dr. Meserve 8-6-96
Physician Signature Date

Men. Health Recs.
T. Dennis 137

NEVADA MENTAL HEALTH INSTITUTE

OUTPATIENT DISCHARGE SUMMARY

Dennis, Terry

480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For [illegible]

Ac

Paxil 20mg po gam
#30
534 44 8725

[signature] M.D. Dispense Only as Written ☐

Date 8/29/95 DEA No. BA3817600

NEVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For Dennis, T

Address

Cogentin 1mg po ghs
#30

[signature] M.D. Dispense Only as Written ☐

Date 8/29/95 DEA No. BA3817600

ENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For Dennis, T

Address

Trilafon 8mg po ghs
thirty day supply

[signature] M.D. Dispense Only as Written ☐

Date 8/29/95 DEA No. BA3817600

VADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For Dennis, T

Address

Admit to GMC

[signature] M.D. Dispense Only as Written ☐

Date: Time:

ER 0393

Men. Health Recs.
T. Dennis 138

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

25931

DENNIS, TERRY

480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....

Ad

.....M.D. Dispense Only as Written ☐

Date..... DEA No.....

VADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....

Address.....

.....M.D. Dispense Only as Written ☐

Date..... DEA No.....

ENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....

Address.....

.....M.D. Dispense Only as Written ☐

Date..... DEA No.....

VADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....

Address.....

ER 0394

.....M.D. Dispense Only as Written ☐

Date: Time: 15''

48 yr o WM, seperated from wife - unemployed s/p inpatient stay NMHI for ~10 days -

CC "~~really depressed most of the time~~"

HPI "all I want to do is sleep - but can't - not eating much" onset "~~years ago~~" - at times attempts suicide - perhaps a dozen times - "I get screwed everytim I trust anybody" no luck in relationships / loss parents when young mom when pt age 12 - Dad at age 15 - natural causes - "I can't seem to keep friends - girlfriends. I get real lonely - wants to be alone - hard to let my feelings on the line but they get stomped on basic distrust of people - they're basically predatory"

pt owns up to drinking too much enjoys the feeling - used to do alot of drugs - alot of acid - has been called a sociopath - numerous arrests -

education: HS graduate - started college - went to the service at age 18 x 4 yrs honorable discharge - had some money left, partied then worked for a time then used & dealing drugs - prison in S. Dakota for

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

Men. Health Recs.
T. Dennis 139

Dennis, Terry
25981

0 Galletti Way
, Nevada 89431-5574
(702) 688-2066

For.....

Ad

.....M.D. Dispense Only as Written ☐

Date..... DEA No.....

VADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....

Address.....

.....M.D. Dispense Only as Written ☐

Date..... DEA No.....

ENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....

Address.....

.....M.D. Dispense Only as Written ☐

Date..... DEA No.....

/ADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....

Address.....

ER 0395

.....M.D. Dispense Only as Written ☐

Date: page 2 Time:

2 yrs - drug possession -
tried to go back to school -
couldn't settle down - met
1st wife while working -
lasted 7 yrs - 3½ years of it
seperated from each other -
then job to job lasting up to
1-2 yrs - 3 marriages total -
most recent lasted only 6 month
in prison twice - ~~used to have~~
a ~~big temper/rage~~ pb - less
a pb now - didn't take meds
p̄ running out - ∅ Δ noted -
PMHx hx of A fib -
ENT (+) sinus pbs, chronic
drainage from ears - clear
yellow d/c - lungs: 40 yr
smoking hx - 1 ppd now -
no interest in quitting -
cor: A fib × T̄ ~~2~~ last march
while drinking heavily p̄
period of abstinence - BP ok -
GI: chronic stomach discomfort
gets diarrhea easily -
GU: (−) STDs (−) m-skeletal ok
skin - ?scalp psoriasis, male
pattern baldness - seborrheic
dermatitis scalp -
? hepatitis B, C per d/c summary
HIV (−) as of 1993 -
NKDA

(over)

Men. Health Recs.
T. Dennis 140

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

25991
Dennis, Terry
DENNIS, TERRY
25981

480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For [illegible]

Add.

Paxil 20 mg # 30 —
T q Am NR

[signature] M.D. Dispense Only as Written ☐

Date [illegible] DEA No.

NEVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For

Address

M.D. Dispense Only as Written ☐

Date DEA No.

MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For

Address

M.D. Dispense Only as Written ☐

Date DEA No.

NEVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For

Address

Date: Time:

MSE general: 49 yr old WM, speech Nl - eye contact Nl - behavior non bizarre: cognitive A+O x4 memory intact remote - registers 3/3 recalls 3/3 abstract reasoning good - judgement fair, ins. poor - IQ bright - thought ∅ LOA ∅ FOI / content non bizarre - occas audit hallucinations (voices) - mil ∅ OC symptoms - mood paranoid ideat depressed - affect labile, irritab ∅ phobias or excessive anxiety

assets bright, verbal, cooperative

diagnosis

I major depressive disorder, moder recurrent
alcohol abuse
polysubs. dependence in remission
II borderline PD
III hepatitis B + C
hx of A fib
IV legal plos, lack of support system
V GAF 45

plan: cont. Paxil 20 gD - d/c antipsychotic at pt's request p̄ discuss of risk of T.D. versus mildness of audit. hallucinations experienced - pt to work on interpersonal risk taki & to be aware of how his behavio invites others to distance from h RTC 1 month [signature]

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

Dennis, Terry
25981

Men. Health Recs.
T. Dennis 141

ER 0396

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
1-16-95 16:30	MD	25"	CM: PK Pt 48 yo WM c̄ hx maj depr, mod-recurrent c̄ frequent SI. Claims diff c̄ sleep. Claims ~~depression~~ for 30+ yrs. Relates feeling "~~wound up~~" when feeling "high" or good c̄ 2 nights s̄ sleep. Denies street drugs during those periods. Pt relates ~~(F) A/H c̄ external female person stating to do "bad things"~~ "The other one just "pisses me off" Relates uncle (ETOH) c̄ sex abuse @ ~~7-8 y old~~ First hosp ¢ p̄ suicide attempt in 1966. Claims multiple attempts. Claims Ø meds for long time. Denies current SI/HI. Claims "pissed" about being here. Lives in boarding house. ↓ appetite: Ø wgt loss. Drink ETOH (has ETOH on breath currently). Street drugs: Heroin, cocaine, MT (claims none for 2 yrs). Relates paxil made A) nauseated. Will try c̄ food. A) Schizoaffective dis ⊼ Borderline PD P) Cont paxil for full ⊼ mo Trilafon 8 mg @ hs. Cogentin ¼ mg. RTC ¼ MD [signature] MD

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☐ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

Dennis, Terry

ER 0397

Men. Health Recs.
T. Dennis 142

25021

480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....
Ac.....

Tegretol ...
~150
...

M.D. Dispense Only as Written ☐

Date..... DEA No.....

EVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....
Address.....

Tegretol ... mg
...
Sig. ...

M.D. Dispense Only as Written ☐

Date 4 ... 96 DEA No.....

IENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....
Address.....

... mg
...
Sig. ...

M.D. Dispense Only as Written ☐

Date 4 ... 96 DEA No.....

VADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For.....
Address.....

... mg
...

M.D. Dispense Only as Written ☐

Date: ... Time: 14...

Pt 48 yo bm
Pt relates improved sleep and ↓ depression. Cont diff c̄ living situation. (Boarding house). Relates sleep has helped c̄ depression. Deni SI/HI. ~ 5/10. appetite: fair (lost food stamps). (Eating @ St Vincents. (Cont to smoke). Denies SE to meds. doing well. ⊘ A/VH.
A). Maj depr c̄ agitation. improved
impulse control dis imp
P) Cont zoloft 50mg
Tegretol 400mg
Trilafon 8mg
Cogentin 2mg
RTC + mo.
Zon MD

4/18/96 - Charmag
(D) Pt. "adjusted to meds" - ⊘ drowsiness, (+) dry mouth - denies eps, akathesia; (−) nausea c̄ zoloft.
(A) Maj. depr. c̄ agitation
(P) Review meds - check for cont'd efficacy, ADR's, SE's next month.

MEDICATION COUNSELING
m/ Clawey MS PK

Men. Health Recs.
T. Dennis 143

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

Dennis, Terry
DF ... TERRY
V. 14/95 48 M/C
8/30/90 OUTPATIENT

ER 0398

480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For [illegible]
Ad

CBC today and
c, tegretol level in
wks.

[signature] MD
M.D. Dispense Only as Written ☐

Date 2-13-96 DEA No.

NEVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For Dennis, Terry
Address

Tegretol 100 mg
14c

Seg: t po AM, III po hs
NR

[signature] MD
M.D. Dispense Only as Written ☐

Date 2-13-96 DEA No.

MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For Dennis, Terry
Address

Trilafon 2 mg
-25

Seg. t po hs
NR

[signature] MD
M.D. Dispense Only as Written ☐

Date 2-13-96 DEA No.

NEVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For Dennis, Terry
Address

[illegible] 1 mg
72

[illegible]
NR

[signature] MD
M.D. Dispense Only as Written ☐

Date: Time: 1430

Pt 48 yr wm
~~Schizoaffective disorder~~: tx
c̄ trilafon and paxil. Presenting
GA form. Pt very resistive.
Denies any Δ in depressive
sx. "Good days and bad days
~~Afhallucinations come and~~
~~go~~. Sleep sporadic. (Diff
staying asleep.). Not on
any type of schedule.
Appetite: okay, Conc: fair
(+) irritability especially
c̄ people. Impulse diffi-
culties.
A) Maj depr - irritable
R/o impulse contr. dis
P) D/C Paxil - GI upset
Tegretol ↑ over one wk
to 400 mg total
CBC, tegretol levels
cont trilafon
↑ Cogentin 2° to SE.
[signature] MD

2/13/96 - Pharmacy
(D) Paroxetine D/c'd - carbamazepine initiated
(A) Maj Depression
R/O impulse control
(P) Discuss carbamazepine + importance of
having labs drawn. Review & next
appointment.
MEDICATION COUNSELING
[signature]

3-12-96 Pt no show [signature] MD

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND
MEDICATION RECORD

Dennis, Terry

ER 0399
Men. Health Recs.
T. Dennis 144

Date 5-16-96 Time 15

Pt 48 yo wm

Pt relates he quit meds > 2 wks ago. Relates ↑ depression c̄ difficulty c̄ sleep. Has ↑ coffee intake. Pt relates multiple stressors c̄ financial difficulties ↑ agitation. Pt cut off food stamps. Denies SI/HI. Pt unsure about restarting meds. Does not feel compelled to cont. meds @ this time. Pt c̄ multiple excusses and externalizing problems. (+) A/H on ace.

A) Maj depr. recurrent
Impulse Contr disorder
R/O Bipolar mixed, Antisoc tr.
P) Cont Tegretol 400 mg (4+)
(restart)
Zoloft 1/2 tab qd
RTC + mo. [illegible]
Repeat labs next mo.

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

Dennis, Terry

DENNIS, TERRY
10/14/95 48 M/C
8/30/90

Nevada Mental Health Institute
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-20

Date [illegible]

Name [illegible]

Address [illegible]

[illegible]

Refill X ____ DEA No. ____

DAW ☐ ____ Signature

Print Name ____

Nevada Mental Health Institute
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-207

Date 5-16-96

Name [illegible]

Address [illegible]

[illegible]

Refill X [illegible] DEA No. ____

DAW ☐ ____ Signature

Print Name ____

Nevada Mental Health Institute
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2078

Date ____

Name ____

Address ____

Men. Health Recs.
T. Dennis 145

WCPD

Refill X ____ DEA No. ____

ER 0400

480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For

Add

M.D. Dispense Only as Written ☐

Date DEA No.

NEVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For

Address

M.D. Dispense Only as Written ☐

Date DEA No.

MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For

Address

M.D. Dispense Only as Written ☐

Date DEA No.

NEVADA MENTAL HEALTH INSTITUTE
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-2066

For

Address

M.D. Dispense Only as Written ☐

Date: Time: 04

Pt showed 20 min late for appointment. Relates sleep improved and much improved c̄ depression. ↓ irritability. Pt will get lab done this am. Decreased upset stomach. Able to deal with external problems better. Denies SI/HI. OA/VH

Pt living @ boarding house through Haven of Hope. Doing okay c̄ living situation. Cont intermittent depression.

A) Maj depr c̄ agitation
Impulse control dis

P) Add Zoloft 50mg
Cont tegretol
Cont trilafon
labs today
R.C. 1 mo. [signature] MD

4-9-96 0945
Pt no show (appt 0900)
[signature] MD

Men. Health Recs.
T. Dennis 146

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

25991
Dennis, Terry
DENNIS, TERRY

ER 0401

Date 6-15-96 Time 15[00]

Pt 48 yo wm

Pt relates ↑ depression @ present c̄ ↑ agitation. ? ETOH on breath. Pt very guarded in his responses, aloof. Pt c̄ poor behavioral control. Relates ↑ anxiety. Poor responsiveness. Continues to externalize problems. Ø SI/HI, Ø A/VH.

Pt lost his housing. Pt came in asking for xanax. Pt now relating feeling suicidal when I stated I did not feel comfortable c̄ giving xanax.

A) Maj depr. recurrent
Impulse contr dis
Antisoc PTSD
Worsening, ↑ stressors

P) Admit to Inpt services
↑ agitation
Became tearful, aggressive and pacing
At risk of self harm — placed on legal 95.

NEVADA MENTAL HEALTH INSTITUTE

O.P. PHYSICIAN'S PROGRESS NOTES AND MEDICATION RECORD

25991

DENNIS TERRY
10/14/95 / 48 M/C
8/30/90 OUTPATIENT

Nevada Mental Health Institute
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-20

Date

Name

Address

Refill X DEA No.

DAW ☐ Signature

Print Name

Nevada Mental Health Institute
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-207

Date

Name

Address

Refill X DEA No.

DAW ☐ Signature

Print Name

Nevada Mental Health Institute
480 Galletti Way
Sparks, Nevada 89431-5574
(702) 688-207

Date

Name

Address

ER 0402

Men. Health Recs.
T. Dennis 147

Refill X DEA No.

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
1/22/96 1530	PW	Q	D) Pt came in with form that he needs completed for GA. Signed a release of information for it. DR Meserve not here to complete form so will leave it for him for tomorrow. A) Needs form for GA. P) will follow-up when DR Meserve returns. — (Kamper MSW/CSW)
2/13/96 1610	PW	Q	D) Pt seen by the doctor today while & was giving injections. However I did explain to pt why GA form was not done (DR Meserve had only seen pt once & had not assessed pt for inability to work). However I did give form to DR Meserve to be evaluated today. [illegible] Attempt & assisted him to get meals, gave him list of places where he could get lab work. I gave him 4 bus tickets. Copy of GA form made for chart. A) Needing CM. P) Provided services to pt. Next day appt 2/2/96 @ 0830 — (Kamper ALC)
2/23/96 1515	PW	Q	Letter received from David Kladnerp office requesting I complete a multiple page document returned to their office with a letter of explanation. See copy. (Kamper ALC)

Men. Health Recs.
T. Dennis 148

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☐ Inpatient ☒ Outpatient

MR 109-A Rev. 2/90

25921 UCPD

DENNIS, TERRY
10/14/95 48 M/C
9/30/90 OUTPATIENT

ER 0403

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
9/28/95	GW	1	No show for 4/25/95 dec appt letter sent
0900			to pt to RS — Kamper MSN RNCS APN —
9.28.95	CCSW	1	(D) This writer was notified by Carol G Haven
15:20			of Hope that client had been released from
			jail on this day & is homeless. She asks for
			respite care for housing until further arrangements
			can be made. This writer contacted program
			director, who approved respite x 5 days.
			(A) Client in need of housing assistance.
			(P) This writer will reschedule clinic appt.
			& assist with transition to permanent
			housing plan as needed. — [illegible]
11/7	GW	1	D) Pt did not keep 11/6/95 dec appt.
1615			A) Whereabouts unknown.
			D) Will keep chart open, pending contact
			— Kamper MSN RNCS APN
12/27/95	GW	1	D) Received phone call from pt who wants to RS
1500			dec appt. Says after last doctor told him
			there was really nothing that he could do
			for him, he got discouraged & decided
			not to return. But says he wants to give
			it another try. Said Paxil only made
			him nauseated so wants to try
			something else. Still has no address &
			can be reached through Haven of Hope.
			A) Wants appt.
			P) RS to 1/16/96 @ 1630
			— Kamper MSN RNCS APN

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☐ Inpatient ☑ Outpatient

MR 109-A Rev. 2/90

25991

Men. Health Recs.
T. Dennis 149

DENNIS, TERRY
10/14/95 48 M/C
8/30/90 OUTPATIENT

ER 0404

DATE/TIME	DISC.	PROBLE	PROG[illegible]S NOTES
3/12/96 1620	RN	[illegible]	D) After doctor appt pt approached me as he needs to get bus tickets. Had been late to doc appt due to buses running late 2° snow. A) Needs bus tickets. P) Provided to pt — (Kamper, RN)
5/17/96 0815	RN	[illegible]	Late entry for 5/16/96 @ 1505 D) Met with pt before his doctor appt. Dr. Sayle has been approved for social security but will need a payee. A) Needs payee. P) Discussed with pt how to go about getting a payee. Gave pt bus ticket to get home. (Kamper, RN)

ER 0405

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☐ Inpatient ☒ Outpatient

MR 109-A Rev. 2/90

Men. Health Recs.
T. Dennis 150

25981

DENNIS, TERRY
10/14/95 48 M/C

NEVADA MENTAL HEALTH
480 GALLETTI WAY
SPARKS, NV. 8

Sierra Nevada Laboratories
AN AFFILIATE OF LABORATORY CORPORATION OF AMERICA

MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

ORIGINAL C60393

CENTRAL LABORATORY
888 WILLOW STREET • RENO, NEVADA 89502
PHONE (702) 334-3400 • (800) 765-2755

CALIFORNIA CENTRAL LABORATORY
1376 LEAD HILL RD., STE. 130 • ROSEVILLE, CA 95661
(916) 774-8200 • (800) 225-4511

LAS VEGAS LABORATORY
2080 E. FLAMINGO, STE. 212
LAS VEGAS, NV 89119
(702) 384-9545

ALL TESTING PERFORMED AT CENTRAL LABORATORY UNLESS NOTED.

DENNIS,TERRY
423 S 6TH ST #11
RENO, NV 89512

PATIENT ID: 534448988
DOB: 10/14/46 SEX: M

GA CHECKED: SDP
ACCN # : R4107795
COLLECTED: 02/14/96 13:24
RECEIVED: 02/14/96 13:30
REPORTED: 02/15/96 07:15

MAZERK

TEST PROCEDURES COMPLETE BLOOD COUNT	RESULTS		REFERENCE RANGE	UNITS	TL
WBC	10.1		4.8-10.8	TH/mcL	
RBC	5.34		4.70 - 6.10	MI/mcL	
HEMOGLOBIN	16.4		14.0 - 18.0	g/dL	
HEMATOCRIT	50.2		42.0 - 52.0	%	
MCV	94.0		80 - 100	fL	
MCH	30.7		27 - 33	pg	
MCHC	32.7		32 - 36	g7dL	
PLATELET COUNT	(H)	485000	140000-440000	7mcL	
HEMOGRAM RESULT(S) CHECKED					
POLYS	65		48-73	%	
STABS	3		0-6	%	
LYMPHOCYTES	20		18-48	%	
MONOCYTES	8		0-9	%	
EOSINOPHILS	3		0-6	%	
BASOPHILS	1		0-3	%	
PLT ESTIMATION	SLT INC				
RBC MORPHOLOGY	NORMAL				

DIFFERENTIAL: 200 CELLS COUNTED

TEST PERFORMED AT: SIERRA NEVADA LABORATORIES, INC.
236 WEST SIXTH STREET
RENO, NV. 89503
DIRECTOR: ROGER S. RITZLIN, M.D.

N. Ely M.D. for Dr. Meservey 8-6-96

ER 0406

NEVADA MENTAL HEALTH
480 GALLETTI WA
SPARKS, NV. 89431

Sierra Nev[illegible] Laboratories
AN AFFILIATE OF LABORA[illegible] CORPORATION OF AMERICA

MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

CENTRAL LABORATORY
888 WILLOW STREET • RENO, NEVADA 89502
PHONE (702) 334-3400 • (800) 765-2755

CALIFORNIA CENTRAL LABORATORY
1378 LEAD HILL RD., STE. 130 • ROSEVILLE, CA 95661
(916) 774-8200 • (800) 225-4511

LAS VEGAS LABORATORY
2080 E. FLAMINGO, STE. 212
LAS VEGAS, NV 89119
(702) 384-9545

ALL TESTING PERFORMED AT CENTRAL LABORATORY UNLESS NOTED.

COPY 1 C60393

DENNIS.TERRY

PATIENT ID: 25981
DOB: 10/14/46 SEX: M
FASTING: Y

QA CHECKED: SDP
ACCN # : A1413463
COLLECTED: 03/12/96 09:30
RECEIVED: 03/12/96 15:39
REPORTED: 03/13/96 07:26

MESERGY

TEST PROCEDURES	RESULTS	REFERENCE RANGE	UNITS	TL
CARBAMAZEPINE (TEGRETOL)	5.9	4.0 - 10.0	mcg/mL	

N. Ely M.D.
for Dr. Meserey 8-6-96

ER 0407

Patient Name				
Dennis, Terry				
Age	Date of Birth	Sex	Collection Date	Time
	10-14-46	M	3-12-96	0930
Date Received	Date Reported		Time Reported	
	3-12-96		1108	
Technologist Signature			Fasting	
AA			Total Volume	

Physician	Medical Record No.
Meseny	25981
Account No.	
Comments:	

HEMATOLOGY

TEST	PATIENT RESULTS	REFERENCE RANGE	UNITS
☒ CBC With Differential			
☐ CBC Without Differential			
White Blood Count	8.6	4.2–10.5	10–3/mm–3
Red Blood Count	5.01	3.5–6.0	10–6/mm–3
Hemoglobin	16.2	12.0–16.0	g/dl
Hematocrit	45.5	36–55	%
MCV	90.7	80–100	cmm
MCH	32.3	26.0–34.0	pg
MCHC	35.6	31–37	%
Differential			
Polys	80	45–75	
Lymphs	14	20–45	
Monocytes	6	0–10	
Eosinphils		0–6	
Basophils		0–3	
Bands		0–6	
Platelet Estimation	Adequate		
RBC Morphology	Normochromic Normocytic		
☐ Platelet Count	378 000	140–450	10–3/mm–3
☐ Sedimentation Rate (ESR)			
Wintrobe		F:0–20 M:0–10	mm/hr
Westergren		0–30	
☐ Reticulocyte Count		0.5–1.5	%

N. Eley M.D. for Dr. Meseney 8-6-96

ER 0408

Men. Health Recs.
T. Dennis 153

NEVADA MENTAL HEALTH INSTITUTE

HEMATOLOGY REPORT

Dennis, Terry

ER 0409

PATIENT

LAST NAME	FIRST NAME	M.I.
Dennis	Terry	J.

AKA (LAST NAME)	AKA (FIRST NAME)	SOCIAL SECURITY NO.	BIRTH DATE	AGE
		534-44-8825	10/14/46	47

PERMANENT ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE NO.
P.O. Box 27311	Seattle	Wash.	98125	

MAILING ADDRESS	CITY	STATE	ZIP CODE	WORK/OTHER PHONE NO.
General Delivery	Reno	Nev.	89512	Ø

EMPLOYER	EMPLOYER ADDRESS	CITY	STATE	PHONE NO.
None	—	—	—	—

OCCUPATION	PLACE OF BIRTH	RELIGION	SEX
None			M

SPOUSE	ADDRESS	HOME PHONE NO.	WORK PHONE NO.
—			

PRIMARY

RESPONSIBLE PARTY	ADDRESS	PHONE NO.	RELATIONSHIP
Self			Self

EMERGENCY CONTACT	ADDRESS	PHONE NO.	RELATIONSHIP
Pat Dennis	3015 Northwest 120 St. Seattle, Wash.	None	Brother

INSURANCE

INSURANCE COMPANY	ID, GROUP OR CLAIM NO.
—	
ADDRESS	
INSURANCE COMPANY —	ID, GROUP OR CLAIM NO.
ADDRESS	

SSI BENEFIT NO.	AMOUNT PER MONTH	RE	EL	NA	MEDICAID BENEFIT NO.	RE	EL	NA
SSD BENEFIT NO.	AMOUNT PER MONTH	RE	EL	NA	MEDICARE BENEFIT NO.	RE	EL	NA
VA BENEFIT NO.	AMOUNT PER MONTH	RE	EL	NA	OTHER Welfare $300.00 + p/m			

BRANCH OF SERVICE	SERVICE NO.	VA NOTIFIED BY	PERSON NOTIFIED	DATE NOTIFIED	TIME NOTIFIED
11 - [illegible]	534-44-8825	Vo benefits			

ASSETS

REAL/INCOME PROPERTY	√ Ø	CHECKING ACCOUNT	√ Ø	RESIDENCE	√ Ø
SAVINGS ACCOUNT	√ Ø	STOCKS OR BONDS	√ Ø	OTHER UNEARNED INCOME	√ Ø

ADMITTED TO							LAST NMHI INPATIENT DISCHARGE DATE	LAST NMHI OUTPATIENT DISCHARGE DATE	NON-ADMIT	
INPATIENT				WCOS					EVALUATION BY: Gale Christensen	DATE: 9/1/95
8S	8N	ROOM	BED	GMC	CM	COC	8/30/95	—	PHYSICIAN CONTACT: Dr. Atkins	

CLINICAL THERAPIST	ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	MR 100 COMPLETED BY
	Dr. Atkins		Gale D. Christensen

ADMIT DATE	ADMIT TIME	DISCHARGE DATE	DISCHARGE TIME	LOS CPP	AN. BY	CO. by
9-1-95	1145					

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T. Dennis

NEVADA MENTAL HEALTH INSTITUTE
ADMISSION FORM

25981 Terry Dennis

Chief Complaint: "I don't know where to go." "I slept outdoors the [illegible] night."

ER 0410

History of Present Illness (Include onset and reasons for current admission): He is a 44 y/o w/m [illegible] who sat outside [illegible] trying to decide if he should [illegible] to get admitted again. He was in [illegible] from here [illegible] had plans to go to [illegible] [illegible]. Apparently that plan never materialized. He slept outdoors. He is without money here in Nev. He [illegible] to Dr. [illegible] of [illegible] all his meds [illegible]. He was seen by social worker [illegible]. He then decided he would like to get back to Seattle [illegible] has a welfare check waiting at his P.O. box. He

Past History of Psychiatric Problems and Treatment: [illegible] He rather go to someplace in Seattle if he can get a bus ticket there. (Please see Past NMHI chart)

Past Non-Psychiatric Medical History and Treatment: Chicken pox, measles, mumps in childhood. S/P 3rd degree burn [illegible] 2° playing c matches.

Allergies or Adverse Reactions:

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T. Dennis 155

Current Medications: Paxil 20mg [illegible]
Neurontin [illegible] HS
Trazodone [illegible] HS

Habits (cigarettes, alcohol, drugs, etc.): Drinks 6 pk beer a day. [illegible] blackouts [illegible] 2° alcohol intoxication. Tobacco: Smoked 1 ppd [illegible] 4 yrs. [illegible] (cocaine, LSD, heroin). All drugs [illegible]

NEVADA MENTAL HEALTH INSTITUTE
INTAKE/ADMISSION ASSESSMENT
PAGE 1 OF 5

Dennis, Terry #25981

NON-ADMIT

MR 103

MENTAL STATUS EXAMINATION
(Circle at least one r each line)

ER 0411

GENERAL APPEARANCE:

1. Actual age 48 Apparent age: as stated, older, younger
2. Race/Ethnicity: Caucasian, African American, Hispanic, Asian, American Indian
3. Sex: male, female
4. Height: tall, medium, short
5. Build: Cachexic, thin, medium, heavy, very obese
6. Hygienic state: clean, disheveled, unshaven, odorous
7. Clothing: appropriate, untidy, peculiar (describe: _____)
8. Make up: yes, no
9. Patient arrived: alone, with others (specify: _____)
10. Mode of transportation: car, bus, plane, other (specify: walking)
11. Distance traveled: 1 mile
12. Other: describe: _____

BEHAVIOR:

1. Alertness: normal, hypervigilant, sleepy, confused, stuporous
2. Posture: slumped, normal, rigid, other (specify: _____)
3. Gait: normal, abnormal
4. Facial expression: unremarkable, immobile, sad, worried, angry, happy bland, other (describe: _____)
5. Eye contact: good, avoided, stared into space, searching
6. Attention span: poor, satisfactory, distractible
7. Motor level: normal, hypoactive, hyperactive
8. Mannerisms: none, posturing, echopraxia, stereotype, pacing, tics, handwriting, buccolingual-masticatory, other (describe: _____)
9. Physiological: none, tearful, crying, blushing, sweating, tremulous, other (describe: _____)
10. Manner of relating to interviewer:
    A. Warmth: seductive, friendly, indifferent, cold, other (describe: _____)
    B. Trust: trustful, very sensitive, mildly suspicious, openly distrustful, passive, aggressive
    C. Gender: appropriate, effeminate, masculine, androgynous
    D. Cooperativeness: active cooperation, passive cooperation, hostile, argumentative, vague, evasive, demanding, antagonistic, other (describe: _____)
    E. Style: unremarkable, dramatic, apathetic, worried, boastful, self-deprecatory, other (describe: _____)
11. Was there a significant change in relating manner during the session: Yes No If yes, describe: _____

AFFECT AND MOOD:

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AFFECT: Appropriate to content, blunted, flat, inappropriate, labile, intrusive

MOOD: Suspicious, euphoric, shame, guilt, indifference, relaxed, anxious, fearful, angry, depressed, agitated, elated, other (describe _____)

TERRY Dennis
02-59-81

MENTAL STATUS EXAMI... .ION
(Circle at least one on each line)

ER 0412

SPEECH:

1. First language: English, Spanish, Other _____
2. Quantity: Mute, answers only questions, normal, verbose
3. Amplitude: Soft, normal, loud, screaming, monotone
4. Impediments: None, stutter, lisp, slur, other (describe: _____)
5. Quality: Infectious, exaggerated, flat
6. Speed: Slow, normal, rapid, pressured

THOUGHT PROCESS:

ORGANIZATION: Coherent, logical, word salad, circumstantial, flight of ideas, disorganized

ASSOCIATION: Tight, logical, blocking, loose, incoherent, clang (rhyming)

STREAM OF THOUGHT: Unremarkable, over inclusive, concrete, echolalic, joking, neologistic, precise, flight of ideas, circumstantial, tangential, non-spontaneous, other (describe _____)

CONTENT OF THOUGHT:

1. Delusions (grandiose, persecutory, self accusatory, somatic, other _____
2. Feelings of influence: e.g. _____
3. Ideas of reference: e.g. _____
4. Depression: e.g. _____
5. Obsessions/Compulsions: e.g. _____
6. Phobic thoughts: e.g. _____
7. Anxieties: e. g. _____
8. Depersonalization/Derealization: e.g. _____
9. Somatic preoccupation: e.g. _____

PERCEPTION:

1. Illusions: e.g. _____
2. Delusions: e.g. _____
3. Hallucinations: Auditory, visual, gustatory, olfactory somatosensory, e.g. _____

SUICIDAL/HOMICIDAL IDEATION:

1. Suicidal: e.g. _____
2. Homicidal: e.g. _____

INSIGHT:

1. Insight into problem: Yes No, e.g. _____
2. Motivation for treatment: Yes No, e.g. _____

JUDGEMENT:

1. Intact: Yes No, e.g. _____

Men. Health Recs.
T. Dennis 157

NEVADA MENTAL HEALTH INSTITUTE
INTAKE/ADMISSION ASSESSMENT
PAGE 3 OF 5

Terry Dennis

ORIENTATION

	Score	Maximum Score
What is the date (i.e., day of week, day of month, month, year) season?	(5)	5
Where are we: (hospital) (state) (county) (town) (floor)?	(5)	5

REGISTRATION

Name three objects, taking 1 second to say each. Then ask patient to repeat all three. Give 1 point for each correct answer. Then Repeat them until patient learns all three. Count trials and record. Number of trials _____ (3) 3

ATTENTION AND CALCULATION

Serial 7's. Give 1 point for each correct answer. Stop after 5 answers. If patient refuses, ask hom to spell "world" backwards. ( ) 5

Pt is alert & oriented

RECALL

Ask the patient to name the three objects cited above. Give 1 point for each correct answer. ( ) 3

LANGUAGE AND PRAXIS

Point to a pencil and a watch and ask patient to name them. (2 points) ( ) 2

Ask the patient to:

Repeat the following: "No ifs, ands or buts." (1 point) ( ) 1

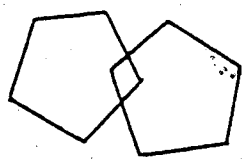
Follow a three stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (3 points) ( ) 3

Read and obey the following sign: "Close your eyes." (1 point) ( ) 1

Write a sentence. (Do not dictate a sentence; it must be written spontaneously. It must contain a subject and a verb and be sensible. Correct grammar and punctuation are not necessary.) (1 point) ( ) 1

X _____

Copy this design. (1 point) ( ) 1



ER 0413

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T. Dennis 158

TOTAL SCORE: ( ) 30

NEVADA MENTAL HEALTH INSTITUTE
INTAKE/ADMISSION ASSESSMENT
PAGE 4 OF 5

Terry Dennis 02-54-81

MR 103 09/94

DRAFT

Summary: [illegible] Gentleman admits that he does [illegible] [illegible] States he will not [illegible] himself. He states he will seek help if he feels like harming himself. He has agreed to seek help @ Shelter & then seek help @ Haven [illegible] on Tuesday. He has decided he wants to try to get back to Seattle where he has a [illegible] [illegible] Waiting.

Diagnostic Impression:

Axis I: Depressive Disorder NOS / Polysubstance Abuse

Axis II: R/o Borderline Personality Disorder PTSD

Axis III: Hepatitis B, C

Axis IV: Financial problems, homeless

Admitting GAF: 65

Disposition Discussed with: Dr. [illegible] Physician Time: 1145

Disposition/Recommendations:

Non admit. Given [illegible] [illegible] [illegible] in shelters until Tues & then seek help @ Haven [illegible] Hope.

[illegible] 9-1-95 1143

Signature of Clinician Date/Time

[illegible] 8/5/96 1540

Signature of Physician Date/Time

ER 0414

Men. Health Recs.
T. Dennis 159

NEVADA MENTAL HEALTH INSTITUTE
INTAKE/ADMISSION ASSESSMENT
PAGE 5 OF 5

Terry Dennis
02-5-91

MR 103

SMZ

PATIENT

Last Name	First Name	M.I.
Dennis	Terry	J

AKA (Last Name)	AKA (First Name)	Social Security No.	Birth Date	Age
		534-44-8825	10/14/46	48

Permanent Address	City	State	Zip Code	Home Phone No.
P.O. Box 27371	Seattle	Wash	98125	

Mailing Address	City	State	Zip Code	Work/Other Phone No.
General Delivery	Reno	Nevada	89512	Ø

Employer	Employer Address	City	State	Phone No.
None	Ø	Ø	Ø	Ø

Occupation	Place of Birth	Religion	Sex
None.			

Spouse	Address	Home Phone No.	Work Phone No.
Pat Dennis ~~None~~	3015 N.W. 120st - Seattle (None)		None

PRIMARY

Responsible Party	Address	Phone No.	Relationship
Dennis, Terry	P.O. Box 2731 - Seattle	None	Self

Emergency Contact	Address	Phone No.	Relationship
Pat Dennis	3015 N.W. 120st Seattle	None	Sister-in-law

INSURANCE

Insurance Company	ID, Group or Claim No.
Address	
Insurance Company	ID, Group or Claim No.
Address	

SSI Benefit No.	Amount per Month	RE	EL	NA	Medicaid Benefit No.	RE	EL	NA
				✓				✓

SSD Benefit No.	Amount per Month	RE	EL	NA	Medicare Benefit No.	RE	EL	NA
				✓		✓		

VA Benefit No.	Amount per Month	RE	EL	NA	Other
				✓	

Branch of Service	Service No.	VA Notified By	Person Notified	Date Notified	Time Notified
U.S. Air Force	534-44-8825	Erin O'Neil	Clerk	8/19/95	0420

— no data —

ASSETS

Real/Income Property	✓ None	Checking Account	✓ None	Residence	✓ None
Savings Account	✓ None	Stocks or Bonds	✓ None	Other Unearned Income	✓ None

Admitted To							Last NMHI Inpatient Discharge Date	Last NMHI Outpatient Discharge Date	NON-ADMIT	
Inpatient				WCOS					Evaluation By:	Date:
8S	8N	Room	Bed	GMC	CM	COC			Physician Contact:	
✓							—	—		

Clinical Therapist	Admitting Physician	Attending Physician	MR 100 Completed By
	DR. Spiro	DR. Atkins	W. Henry Watt

Admit Date	Admit Time	Discharge Date	Discharge Time	LOS	AN by	CO by
8/19/95	0415	8/20/95	1030	1		

NEVADA MENTAL HEALTH INSTITUTE
ADMISSION FORM

25971

Men. Health Recs.
T. Dennis 160

CIRCLE APPROPRIATE CODE AND WRITE CODE IN BOX PROVIDED

04	INSTITUTION NMHI	INPATIENT/OUTPATIENT: (I) (O)	I

FIRST / MIDDLE NAME: Terry	LAST NAME: Dennis
ADDRESS 1: General Delivery	ADDRESS 2: P.O. Box 27371
CITY: Reno	COUNTY:
STATE / ZIP / COUNTRY: Nevada US	BUSINESS PHONE: ( ) None
HOME PHONE: ( ) None	
AKA FIRST NAME:	AKA LAST NAME:
MEDICAL RECORD #:	SOCIAL SECURITY #: ___-___-___
A ADULT / ADOLESCENT	BIRTH DATE: ___/___/___

ETHNICITY
(A) ASIAN / PACIFIC ISLANDER
(B) BLACK
(H) HISPANIC
(N) NATIVE AMERICAN/ALASKAN
(O) OTHER
(U) UNKNOWN
(W) WHITE

W

MARITAL
(D) DIVORCED
(M) MARRIED
(N) NEVER MARRIED
(X) SEPARATED
(U) UNKNOWN
(W) WIDOWED

X

ADMIT DATE: 08 / 19 / 95
TIME: 0330

PROGRAM: (IP) (OP) — 1P

UNIT/SITE
(IP8N) IP-8 NORTH
(IP8S) IP-8 SOUTH
(30) N.M.H.I
(31) FAMILY COUNSELING SERVICES
(08) OTHER FACILITY/SITE

IP8S

ROOM / BED:

VOL / INVOL / EMERG: (V) (I) (E) — E

03 SERVICE CODE: (03) INPT (99) OP

LEGAL CLASS
START: 08/ 19 / 95
END: 8/ 22/ 95

LEGAL CLASS
(CC) COURT COMMITMENT
(DA) DA PETITION
(EM) EMERGENCY
(PP) PETITION PENDING
(VO) VOLUNTARY
(RC) RETURN FROM CONVALESCENT LEAVE
(CR) RELEASED BY COURT

EM

RESIDENCY
(1) LESS THAN 6 MONTHS
(2) SIX MONTHS OR LONGER
(3) NON-RESIDENT
(9) UNKNOWN

3

Men. Health Recs.
T. Dennis 161

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(ADMISSION 1)

MR 100A Mar 85

CIRCLE APPROPRIATE CODE AND WRITE CODE IN BOX PROVIDED

ADMIT CODE

(IC)	IP - CLINIC REFERRAL
(ER)	IP - EMERGENCY ROOM
(HM)	IP - HMO REFERRAL
(NA)	IP - INFORMATION NOT AVAILABLE
(II)	IP - INTERVENTION
(LA)	IP - LAW ENFORCEMENT / COURTS
(ID)	IP - PHYSICIAN REFERRAL
(06)	IP-TRANSFER FROM OTHER HTH CARE
(IS)	IP - SELF REFERRAL
(CR)	OP - CLINIC REFERRAL
~~(OE)~~	~~OP - EMERGENCY ROOM~~
(OX)	OP - INFORMATION NOT AVAILABLE
(OL)	OP - LAW ENFORCEMENT / COURTS
(TH)	OP - TRANSFER FROM HOSPITAL
(OT)	OP - TRANSFER FROM OTHER FACILITY
(OS)	OP - SELF REFERRAL

OE

ADMIT REASON

~~(01)~~	~~IP - EMER~~	(04)	IP - ELECTIVE
(02)	OP - EMER	(09)	OP-INFO NOT AVAIL.
(03)	OP - ELECTIVE	(99)	IP - INFO NOT AVAIL.

ADMISSION REFERRAL SOURCE:

(21)	SELF, FAMILY, FRIEND	(42)	CLERGY
(36)	SHLTR HOMELESS/ABUSED	(45)	COURTS
(24)	SOCIAL/COMM. AGENCY	(99)	UNKNOWN
(22)	LAW ENFORCEMENT AGN	~~(04)~~	~~MEDICAL FACILITY~~
(34)	MH PROFESSIONAL (PRIV. PRACTICE)	(30)	NURSING HOME
(25)	OTHER DIV MH/MR FAC	(50)	OTHER PSYCH FAC.
(44)	PHYSICIAN (NON-PSYCHIATRIC)	(46)	PRISON/CORRECTIONAL FACILITY
(39)	OTHER, SPECIFY: _____		

ADMITTING PHYSICIAN: ATKINS

RESIDENTIAL ARRANGEMENT

(01)	PRIVATE RESID.	(05)	STREET
(02)	COMM. RESID. FAC	(06)	HOMELESS SHELTER
(03)	CORRECTIONAL FAC.	(07)	OTHER
(04)	OTHER INST. SETTING	(99)	UNKNOWN

REFERRED BY

(00100)	SELF
(00101)	FAMILY/FRIEND
(00318)	WASHOE COUNTY CLINIC
(00310)	WASHOE MEDICAL CENTER
~~(00312)~~	~~ST. MARY'S REG. MED. CTR.~~
(00313)	WEST HILLS HOSPITAL
(00314)	CARSON - TAHOE HOSPITAL
(00311)	N. NEVADA MEDICAL CENTER
(00315)	VA MEDICAL CENTER
(00016)	OTHER HOSPITAL, SPECIFY: _____
(00017)	N.M.H.I. OUTPATIENT SERVICES
(00018)	N.M.H.I. INPATIENT SERVICES
(32000)	CRISIS OUTPATIENT COUNSELING
(00005)	LAKES CROSSING
(00300)	RENO POLICE DEPARTMENT
(00301)	SPARKS POLICE DEPARTMENT
(00302)	WASHOE COUNTY SHERIFF DEPT.
(00303)	OTHER POLICE, SPECIFY: _____
(00332)	S.A.F.E.S.
(00025)	N.A.S.A.C.
(00040)	PRIVATE PRACTIONER
(00008)	RURAL CLINICS, SPECIFY:
(00092)	OTHER, SPECIFY: _____

00312

LIVING ARRANGEMENT

~~(01)~~	~~ALONE~~	(07)	W/ NON-RELATIVES
(02)	WITH RELATIVES	(99)	UNKNOWN

CLINICAL STATUS

(AL)	ALCOHOL USE
(CH)	CHILD NEGLECT VICTIM
(CO)	COPING
(CR)	CRIMINAL JUSTICE INVOLVEMENT
(DA)	DANGEROUS / ASSAULTIVE
~~(DE)~~	~~DEPRESSION~~
(DR)	DRUG USE (OTHER THAN ALCOHOL)
(ED)	EATING DISORDER
(JU)	JUVENILE JUSTICE INVOLVEMENT
(ME)	MEDICAL / SOMATIC
(PP)	PHYSICAL CHILD ABUSE PERPETRATOR
(CV)	PHYSICAL CHILD ABUSE VICTIM
(RA)	RAPE VICTIM
(RU)	RUNAWAY BEHAVIOR
(SC)	SCHOOL INVOLVEMENT
(SP)	SEXUAL CHILD ABUSE PERPETRATOR
(SV)	SEXUAL CHILD ABUSE VICTIM
(SA)	SPOUSE ABUSE VICTIM
(SU)	SUICIDE ATTEMPT / THREAT
(TD)	THOUGHT DISORDER
(XX)	NOT APPLICABLE

Men. Health Recs.
T. Dennis 162

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(ADMISSION 2)

MR 1008 Mar-95

25971

CIRCLE APPROPRIA... CODE AND WRITE CODE IN BOX PROVIDED

EDUCATION

(00)	NO FORMAL EDUCATION		
(01)	1ST GRADE	(13)	GED
(02)	2ND GRADE	(14)	BUSINESS COLL.
(03)	3RD GRADE	(15)	VOCATIONAL SCH.
(04)	4TH GRADE	~~(16)~~	~~TECHNICAL SCH.~~
(05)	5TH GRADE	(17)	SOME COLLEGE
(06)	6TH GRADE	(18)	COLLEGE DEGREE
(07)	7TH GRADE	(19)	SOME GRADUATE WORK
(08)	8TH GRADE		
(09)	9TH GRADE	(20)	GRADUATE DEG.
(10)	10TH GRADE	(98)	SPECIAL EDUC.
(11)	11TH GRADE	(99)	UNKNOWN
(12)	12TH GRADE		

16

EMPLOYMENT STATUS

(EF)	EMPLOYED-FULL TIME
(EP)	EMPLOYED- PART TIME
(HO)	HOMEMAKER
(IN)	INMATE
(AF)	MILITARY
(RE)	RETIRED
(ST)	STUDENT
(UL)	UNEMPLOYED - LOOKING
~~(UN)~~	~~UNEMPLOYED - NOT LOOKING~~
(OT)	OTHER

UN

VETERAN

(Y) YES (N) NO

Y

DEPENDENTS - # OF PERSONS SUPPTD BY THIS INCOME (INCLUDE CLIENT)

~~(1)~~	~~1 (CLT ONLY)~~	(5)	5
(2)	2	(6)	6
(3)	3	(7)	7
(4)	4	(8)	8

1

INCOME

~~(01)~~	~~0~~	(08)	16.000-19.999
~~(02)~~	~~1 - 5.999~~	(09)	20.000-29.999
(03)	6.000 - 7.999	(10)	25.000-29.999
(04)	8.000 - 9.999	(11)	30.000-35.999
(05)	10.000 - 11.999	(12)	36.000 +
(06)	12.000 - 13.999	(99)	UNKNOWN
(07)	14.000 - 15.999		

01

DSM - IV DIAGNOSIS

DATE 8 / 19 / 95

CLINICIAN 2nd / ___ / ___

	CODE	DESCRIPTION
AXIS I	1. 311	Depressive D/O NOS
	2.	
	3.	
AXIS II	1. Deferred	
	2.	
	3.	
AXIS III	1. Bair ins. Dental Pr...	
	2.	
	3.	
AXIS IV	Stress Many Stressors	Feels People Dominating Him
AXIS V	CURRENT GAF	

PROGRAM TRACKING

PROGRAM

(IP)	INPATIENT
(CM)	CASE MANAGMENT
(CMW)	CASE MANAGEMENT- WAIT LIST
(MC)	MED CLINIC
(MCW)	MED CLINIC - WAIT LIST
(COC)	CRISIS OUTPATIENT COUNSELING
(COCW)	CRISIS OP COUNSELING-WAIT LIST
(RESP)	RESPITE CARE

IP

LOCATION

~~(30)~~	~~N.M.H.I.~~
(50)	LAKES CROSSING
(08)	OTHER SITE / FACILITY

30

ER 0418

WCPD

Men. Health Recs.
T. Dennis 163

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(MISC. DATA)

MR 100C

Mar 95

259 1

TERRY

DATE DISCHARGED: Apr 1 95 TIME DISCHARGED:

REASON FOR DISCHARGE

(01) NO FURTHER TX NEEDED. NO REFERRAL
~~(02) NO FURTHER TX NEEDED. REFERRED~~
~~TRANSFERRED. ADMITTED ELSEWHERE~~
(04) FURTHER TX REJECTED BY CLIENT
(07) MOVED
(09) INPATIENT PSYCHIATRIC UNIT
(10) DIED
(22) NO FURTHER TX NEEDED. APPROPRIATE REFERRAL NOT AVAILABLE
(95) PROGRAM CLOSED
(98) OTHER / UNKNOWN (specify)
(99) LOST TO CONTACT, DISCHARGED AFTER 90 DAYS

02

DISCHARGE TO

~~(00100) SELF~~
(00101) FAMILY/FRIEND
(00318) WASHOE CLINIC
(00310) WASHOE MEDICAL CENTER
(00312) ST. MARY'S REG. MED. CTR
(00313) WEST HILLS HOSPITAL
(00314) CARSON - TAHOE HOSPITAL
(00311) N. NEVADA MEDICAL CENTER
(00315) VA MEDICAL CENTER
(00016) OTHER HOSPITAL SPECIFY:
(00017) N.M.H.I. OUTPATIENT SERVICES
(00018) N.M.H.I. INPATIENT SERVICES
(32000) CRISIS OUTPATIENT COUNSELING
(00005) LAKES CROSSING
(00300) RENO POLICE DEPARTMENT
(00301) SPARKS POLICE DEPARTMENT
(00302) WASHOE COUNTY SHERIFF DEPT.
(00303) OTHER POLICE, SPECIFY:
(00332) S.A.F.E.S.
(00025) N.A.S.A.C.
(00040) PRIVATE PRACTIONER
(00008) RURAL CLINICS, SPECIFY:
OTHER, SPECIFY:

DISCHARGE TYPE

~~(1) CLI HOME/ SELF~~
(2) GEN. HOSPITAL
(3) SKILLED NURSING HM
(4) GROUP HOME
(6) A.W.O.L.
(7) EXPIRED "DIED"
(8) OUTPATIENT, STILL CLIENT
(9) MORE RESTRICTIVE TX
(0) OTHER
(A) AMA
(C) COURT ORDERED
(L) CONVALESCT LV
(F) CORRECTNL FAC

1

LEGAL CLASS AT TIME OF DISCHARGE

(CC) COURT COMMITMENT
(DA) DA PETITION
~~(EM) EMERGENCY~~
(RC) RETURN FROM CONV LV
(PP) PETITION PENDING
(VO) VOLUNTARY
(CR) RELEASED BY COURT

Em

REFERRED TO

(00017) N.M.H.I. OUTPATIENT SERVICES
(00018) N.M.H.I. INPATIENT SERVICES
~~(00350) G.M.C.~~
(00351) DAY TRAINING
(00352) CRISIS OUTPATIENT COUNSELING
(00353) CASE MANAGEMENT
(32000) FAMILY COUNSELING
(00008) RURAL CLINICS, SPECIFY:
~~(00033) A.A. / N.A.~~
(00071) PROBATION OFFICER
~~(00040) PRIVATE PRACTIONER~~
(00037) OUT OF STATE, NO REFERRAL
(00091) NO REFERRAL
(00100) SELF
(00101) FAMILY/FRIEND

RESIDENTIAL ARRANGEMENT

(01) PRIVATE RESID.
(02) COMM RESID. FAC
(03) CORRECTNL FAC
(04) OTHER INST SETTING
(05) STREET
(06) ~~HOMELESS SHLTR~~
(07) OTHER
(99) UNKNOWN

06

DISCHARGE PHYSICIAN Atkins

DSM - IV DIAGNOSIS

DATE 8 30 95

CLINICIAN

AXIS I	CODE	1. 311	2. 304.80	3. 309.81
	DESCRIPTION			
AXIS II	CODE	1. R/O 301.83	2.	3.
	DESCRIPTION			
AXIS III	CODE	1.	2.	3.
	DESCRIPTION	Hepatitis B C		
AXIS IV	~~Financial~~ problems, homeless			
AXIS V	CURRENT GAF	65		

Men. Health Recs.
T. Dennis 164

NEVADA MENTAL HEALTH INSTITUTE
DATA SHEET
(DISCHARGE DATA)

MR 100D Mar-95

2591

Terry Dennis

Men. Health Recs.
T. Dennis 165

NEVADA MENTAL HEALTH INSTITUTE

PATIENT IDENTIFICATION PHOTOGRAPH

Addressograph

DATE OF ADMISSION: August 19, 1995

DATE OF DISCHARGE: August 30, 1995

ER 0421

IDENTIFYING INFORMATION:

The patient is a forty-eight-year-old, separated, white, unemployed male admitted on a Legal 89. The patient had no old charts, so he and the recent chart were the sources of information.

CHIEF COMPLAINT:

~~"I need someone to straighten me out."~~

HISTORY OF PRESENT ILLNESS:

The patient reports taking at least seventy Ativan with Vodka two days prior to admission. He went sleep in a motel. The manager woke him and somehow he got into Washoe Medical Center Emergency Room. The patient does not remember anymore until being admitted to Nevada Mental Health Institute. He admitted to ~~suicidal intent.~~ He states he does not care to live anymore. He has no job and no income. He came from Seattle one week ago with the idea of making money by gambling and instead he lost all of his money. He says he has lived most of his life in Seattle and was on public assistance for depression and multiple suicide attempts. He had an unsatisfactory relationship with a woman in Seattle and wanted to get away. The patient has used intravenous drugs and many other drugs in the past. He does not do drugs in the past, at least not for six months. He considers himself an alcoholic.

PAST PSYCHIATRIC HISTORY:

The patient has one previous inpatient hospitalization at Andrews Air Force Base in 1966, for a suicide attempt in which he overdosed on aspirin. He reports no other inpatient or outpatient experience. He does have two previous prison terms.

PAST MEDICAL HISTORY:

He has had atrial fibrillation in the past, but takes no medications. He denies any allergies to medication.

MENTAL STATUS:

The patient sits stretched out in a chair with hands folded on abdomen. He has poor eye contact. He looks relaxed and sleepy. He has dirty, long, unkempt hair. He has well modulated, non-pressured speech. He knows it is August 19, 1995 and Saturday.

He knows he is in the Reno/Sparks area in the mental health facility. His immediate recall is three out of three objects, recent recall is zero out of three objects, and for remote recall he knows his mother's maiden name and knows where he went to first grade. For abstraction, A bird in the hand is worth two in the bush, he stated "Better off with a sure thing than a maybe"; People in glass houses shouldn't throw stones, he stated "You never know what they are going to do"; A stitch in time saves nine, he stated "It the butt in your pants ripped out, put in a stitch so it won't rip all the way". His ~~judgement is poor.~~ If he was lost in an airport with a dollar, "It would depend on what I was doing there". His insight is fair. He thinks he drinks because he is unhappy and does not like himself. He does not know beyond that. His mood was four out of ten and "lousy". He ~~admits to hearing voices.~~ The patient's assets are that he is verbal, has a history of employment but none in two years.

ADMISSION DIAGNOSIS:

AXIS I: Major depression versus dysthymia.
Substance induced psychotic disorder.
History of polysubstance abuse.
Alcohol dependence.
AXIS II: ~~Antisocial personality disorder~~.
AXIS III: History of atrial fibrillation.
AXIS IV: No income, no job.
AXIS V: GAF: 40.

HOSPITAL COURSE:

Medical evaluation: On systems of review he complains of headaches several times per year. He had a normal physical examination.

Laboratory evaluation: There was an increase in liver functions including LDH, gamma GT, SGOT and SGPT. He had a high cholesterol. The urine drug screen was negative. The urinalysis showed two plus ketone and very few bacteria. The hepatitis screen for A an B antibody was 52. The patient was positive for hepatitis B core antibody as well as hepatitis C antibody.

Treatment and complications: The patient gave a history of ~~physical and sexual abuse by his foster brother.~~ He reported intrusive thoughts about the episode, which happened when he was age eight. He had a history of violent outbursts and substance abuse. He states he does not remember his dreams, but often has trouble going to sleep. He was given the diagnosis of post traumatic stress disorder as well as rule out borderline personality disorder. The patient complains of voices that denigrated him or that people are looking at him or tell him to

"just do this", when he is suicidal. On August 22, 1995, he denied suicidal ideation. The patient was started on Trilafon 8 mg. p.o. q.h.s., Paxil 20 mg. p.o. q.a.m. and Cogentin 1 mg. p.o. q.h.s. The patient signed consent. In treatment team, on August 29, 1995, the patient reported that he had no voices, he had knowledge of community resources to follow up with his hepatitis and shelters, food banks, Haven of Hope and substance abuse rehabilitation programs. He denied the significance of his alcohol problem and refused referral. He reports a brighter affect. He ~~denied suicidal or homicidal ideation~~ He states he was ready for discharge. He reports that his depression has lifted. On August 29, 1995 he was discharged.

DISCHARGE DIAGNOSIS:

AXIS I: Depressive disorder, NOS.
Polysubstance abuse.
Post traumatic stress disorder.
AXIS II: Rule out borderline personality disorder.
AXIS III: Hepatitis B and C.
AXIS IV: Financial problems, homeless.
AXIS V: GAF: 65.

DISCHARGE RECOMMENDATIONS:

Discharge Medications: Paxil 20 mg. p.o. q.a.m., Trilafon 8 mg. p.o. q.h.s., and Cogentin 1 mg. p.o. q.h.s.

The patient was admitted to Galletti Medication Clinic. He was told to abstain from alcohol and drugs. He was told to follow up with the Department of Health at Washoe County for hepatitis and go to alcohol rehabilitation.

K. Atkins M.D. 9/21/95
K. Atkins, M.D. /DATE TIME
1300

KA/eg
D: 09/19/95
T: 09/20/95

ER 0423

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NURSING DISCHARGE RECORD

NAME: _____ DATE OF DISCHARGE _____

I. MEDICATION:

	Dose	Frequency	Duration
(a) Paxil 20mg by mouth every morning			
(b) Cogentin 1mg by mouth every night at bedtime			
(c) Trilafon 8mg by mouth every night at bedtime.			
(d)			
(e)			

(f) Personal meds returned to patient: ☐ Yes ☒ No ☐ NA

(g) Instruction given to significant other: ☐ Yes ☒ No ☐ NA Relationship: _____

(h) Medication Education and Handout given: ☒ Yes ☐ No ☐ NA

(i) Food/Drug Interaction Education and Handout given: ☒ Yes ☐ No ☐ NA

(j) Comments: _____

ALLERGIES: None Known

II. FOLLOW-UP CARE:

(a) Special Discharge Plan: Galletti Med Clinic for meds. Case Manager – Peggy Kamper

(b) Medical Care Needs/Diet: Independent of diet

(c) Self-Care/ADL Needs: Independent of daily needs.

(d) Comments: Abstain from Drugs & Alcohol; Follow up with Washoe County Health Department for Hepatitis, Attend Alcohol rehab.

III. Discharge to:

Person: Self

Address: P O Box 27371, Seattle, WA 98125

Appointment at Clinic:

Date: 9/21/95 at 2:40pm Phone: 688-2078

Place: Galletti Med Clinic with Dr. Elkins.

Type of Discharge: ☒ Order ☐ AMA ☐ AWOL ☐ Other (Specify) _____

Mode of Transportation: ☐ Car ☒ Bus ☐ Plane ☐ Other (Specify) _____

Personal Belongings Returned: ☒ Yes ☐ N/A Valuables Returned: ☐ Yes ☐ N/A

Patient Note: I have read and understand the above instructions and have received a copy of the community referral listings.

Terry J Dennis — Patient Signature

1030 8/30/95 — Date and Time

[signature] — RN Signature

NEVADA MENTAL HEALTH INSTITUTE
NURSING DISCHARGE RECORD

Men. Health Recs.
T. Dennis 169

DATE OF ADMISSION: August 19, 1995

PHYSICAL AND PSYCHIATRIC NEEDS:

The patient is suspected to have hepatitis, what kind is unknown as the laboratory panel is pending. The patient will be referred to the Washoe County Health Department as well as the Washoe Clinic for follow-up in this area.

The patient has been diagnosed with major depression versus dysthymia; substance abuse induced psychotic disorder; history of polysubstance abuse; and alcohol dependence. The patient will be referred to the Galletti Medication Clinic for follow-up with medication and on-going case management.

PERTINENT PERSONAL, MARITAL, CHILD, FAMILY INFORMATION:

The patient continues to refuse to allow the social worker to have contact with his wife in Seattle, Washington, as well as his brother, who also resides in Seattle, Washington. The patient has a nineteen-year-old son, also in the Seattle area, with whom he refuses to have contact. The patient prefers to deal with his substance abuse and psychiatric issues independently from his family.

EDUCATIONAL NEEDS:

The patient reports no educational needs at this time.

VOCATIONAL NEEDS:

The patient was provided with a community resource listing of employment opportunities in his local area. It is this writer's opinion that this patient is resourceful and able to obtain employment when he chooses to do so.

FINANCIAL AND HOUSING NEEDS:

The patient has no present financial income until he obtains employment. The patient was provided with a list of local shelters and has arranged to reside at the Center Street Mission until he is able to obtain employment and income to provide for his own apartment.

SOCIAL NEEDS/ACCESSIBILITY TO COMMUNITY RESOURCES:

ER 0425

The patient is new to the community and it is also suspected that the patient has a vehicle which will give him accessibility to

SOCIAL NEEDS/ACCESSIBILITY TO COMMUNITY RESOURCES: (Continued)

employment, shelter, food banks, and other resources that he will need to follow-up with. The patient refuses follow-up counseling with COC, as well as any rehabilitation referrals for his substance abuse, which he tends to deny as being a problem or reason for his present situation, as well as previous life circumstances.

SHORT/LONG TERM SOCIAL WORK GOALS ACHIEVED AT THE TIME OF DISCHARGE:

The patient refuses to return to Seattle where he is familiar with the community and has a family support system. He has also refused ongoing counseling and substance abuse rehabilitation referrals.

The patient was provided with a list of local community resources, which he will access for food, shelter, employment, and medical needs.

INDICATION OF ANTICIPATED PROBLEMS FOLLOWING DISCHARGE AND SUGGESTED MEANS FOR DEALING WITH THEM:

1. Continued substance abuse, which may result in the patient's loss of employment, continued difficulty with relationships, inability to maintain shelter, and continued psychiatric issues. The patient has refused any referrals for help with his substance abuse problem, feeling that he is able to deal with this on his own.

2. Depression, most likely a result of substance abuse, creating difficulties in the patient's life. The patient will be referred to the Galletti Medication Clinic for continued medication and case management for monitoring his medications.

REFERRALS MADE:

The patient was scheduled for a Galletti Medication Clinic appointment on September 21, 1995 at 2:40 with Dr. Elkins. His case manager will be Peggy Kamper. The patient refused all other community resource contacts, with the exception of shelter with the Center Street Mission and the Washoe County Health Department. The patient did not appear interested in any follow-through concerning his hepatitis. However, he was educated on the importance of appropriate medical follow-up.

PERSONS TO CONTACT IN EMERGENCY OR AT RE-ADMISSION:

~~Pat Dennis, 3015 Northwest 120 Street, Seattle, Washington.~~ This is the patient's brother. There is no phone listed.

Linda Farrar LCSW, 9/5/95 1645
Linda Farrar, LCSW DATE/TIME

LF/rr
D: 08/30/95
T: 08/31/95

LCPD

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T. Dennis 172

DATE OF ADMISSION: August 19, 1995

This is a 48-year old white male who appears well developed and thin, and is in good contact with reality. Conversation was relevant and coherent. The patient was cooperative with the examination.

Vital Signs: Temperature ; Pulse ; Respirations ; Blood Pressure ; Height ; Weight

Surgical History: Significant for neoplasm excision left wrist age 10, tonsillectomy in childhood.

ALLERGIES: Stated is not allergic to Penicillin and other allergies are unknown.

Medical History: Chicken pox, measles and mumps. Significant for third degree burn left thigh age 10 secondary to playing with matches. Medications: Stopped Atenolol several months ago. Alcohol: Drinks 6 pack of beer per day. Has had black outs years ago secondary to alcohol intoxication. Tobacco: Smokes 1 pack per day times 40 years. Drugs: Denies now. Last used 7 years ago (Cocaine, LSD, heroin). Intravaenous drugs: Coke and heroin. Tuberculosis: Doesn't know when his last purified protein derivative was, but frequently tested since his mother died of tuberculosis.

I feel the information given is reliable.

Venereal Diseases/ Treatment: None.

System Review: Complains of headaches several times per year.

Skin: The skin is without abnormal pigmentations, cyanosis or jaundice. Tattoo on upper left arm. Distribution of hair: Receding hair line, male pattern baldness.

Head: Normocephalic and atraumatic.

Eyes: The pupils are round, regular, equal and react to light and accommodation promptly. Sclera are white. Conjunctiva are clear. Fundus is benign. Extraocular muscles intact.

Men. Health Recs.
T. Dennis 173

NEVADA MENTAL HEALTH INSTITUTE

PHYSICAL EXAMINATION

DENNIS, TERRY
02-59-81

Ears: Canals are patent. Hearing is not affected. Tympanic membranes are bilaterally present and pearly grey.

Nose, Mouth & Throat: Septum is in the midline without signs of obstruction. Tonsils are not enlarged. Remaining teeth are in poor repair. Buccal mucosa appears normal. Nares are patent with benign turbinates.

Neck: Supple. Thyroid not enlarged. Trachea in midline. Carotid pulsations bilaterally present without bruits.

Back: Spine is straight. There is no costovertebral angle tenderness.

Lymphatic: No palpable nodes in the cervical, axillary or inguinal areas.

Chest: Normal adult conformation moving symmetrically with respirations.

Lungs: Clear to percussion and auscultation. There are no adventitious breath sounds.

Cardiac: Regular rhythm without murmurs or thrills. No signs of cardiomegaly. No jugular venous distentions or dependent edema.

Abdomen: Soft and nontender. No organomegaly or masses felt. No bruits. Hernia: None.

Extremities: Full range of motion throughout all four extremities. No deformity of the limbs.

Genitalia: Well developed. Both testicles are in the scrotum. Penis is circumcised.

Rectal: Sphincter tone is good. Guaiac is negative. Prostate is smooth and unenlarged.

Neurological: Cranial nerves: II-XII grossly intact. Superficial reflexes intact. Deep tendon reflexes: Physiologic and symmetrical in all four extremities. Sensation: Physiologic and symmetrical in the four extremities. Coordination: Physiologic bilaterally in the four extremities. Finger to nose physiologic. Heel to shin is normal. The gait is unremarkable.

Romberg is negative. There is no tardive dyskinesia or abnormal movements.

IMPRESSION:
1. Please see psychiatric evaluation.
2. Normal physical examination.

PLAN:
1. Per psychiatrist.

Gayle Ely, M.D. 9-7/95 1605 8-22-9
DATE TIME

L. Atkins M.D. 9/7/95 1600
HISTORY & PHYSICAL /DATE / TIME
REVIEWED BY PSYCHIATRIST

GE/eg
Date of Examination: 08/19/95
D: 08/19/95
T: 08/21/95

ER 0430

Men. Health Recs.
T. Dennis 175

NEVADA MENTAL HEALTH INSTITUTE

PHYSICAL EXAMINATION

DENNIS, TERRY
02-59-81

DATE: 8/19/75

TIME: 1400

1. IDENTIFICATION: (age, sex, race, etc.)

SOURCE OF INFORMATION: (patient, chart, staff, family, etc.)

3. CHIEF COMPLAINT:

4. HISTORY OF PRESENT ILLNESS: (include onset and reasons for current admission)

5. PAST PSYCHIATRY HISTORY: (all psychiatric problems & treatment including a record of patient's activities - social, educational, vocational, inter-personal, and family relationships)

6. PAST MEDICAL HISTORY AND TREATMENT: (pertinent physical complaints)

7. ALLERGIES:

8. MENTAL STATUS: (include attitude, general behavior, affect, stream of mental activity, presence or absence of delusions and hallucinations, estimate of intellectual functions, judgement and an assessment of orientation and memory)

9. ASSETS: (descriptive, not interpretive, strengths such as knowledge, interests, skills, aptitudes, experience, educational status, which may be useful in developing a meaningful treatment plan)

10. DIAGNOSIS DSM III R: I through V

11. INITIAL TREATMENT PLAN:

1) 48 yo WM - separated, unemployed emergency admit

2) pt - Ø old chart

3) CC - "I need somebody to straight me out".

4) HPI - Pt reports taking at least 40 ativan c̄ vodka 2 days ago. Went to sleep in motel. My woke him & somehow he got to WMC-ER. He doesn't remember any more until being admitted here. He intended to suicide. He states he doesn't care to live any more - has no job, no income. Came from Seattle 1 wk ago c̄ idea of making $ by gambling instead he lost all his $. Says he's lived most of life in Seattle & was on public assistance for depression & ~~multiple~~ (?) ~~suicide attempts~~. Had unsatisfactory relationship c̄ woman in Seattle & wanted to get away. Has used IV drugs & many other drugs in past but do not do drugs now - Ø in 6 mo. Considers himself an alcoholic.

5) PΨHx - One prev. inpt hosp. at Andrews A.F. Base in 1966 for suicide attempt (O.D. on ASA). Reports no other inpt or outpt experience. 2 previous prison terms

6) PMH - has had A-fib in past

NEVADA MENTAL HEALTH INSTITUTE

PSYCHIATRIC EVALUATION

Men. Health Recs.
T. Dennis 176

25931

DENNIS, TERRY
10-14-46 48 M/W

G Elyni

DATE: 8/19/95 TIME: 14 45

takes no meds

ER 0432

7) NKA

8) MSE - sits stretched out in chair c̄ hands folded on abd. Has poor eye contact. Looks relaxed & sleepy. Dirty & long unkempt hair. Has well modulated non pressured speech. Knows the Aug 19 1995 Sat (correct) Knows he's in Reno-Sparks area in a mental health facility. Memory - immed recall 3/3 recent recall 0/3 Remote recall - Knows mother's maided name (Eileen Holly) knows he went to 1st grade. Abstraction - A bird in hand is worth 2 in bush - "better off c̄ a sure thing than maybe" People in glass houses shouldn't throw stones - "You never know what they're going to do" A stitch in time saves 9 - "If the butt of your pants rips out, put in a stitch so it won't rip all the way". Judgement - poor - if lost in airport c̄ $1.00 ~~would~~ (Ge) "It would depend on what I was doing there". Insight - fair thinks he drinks because he's unhappy & doesn't like himself; doesn't know beyond that. Mood - 4/10 - & "lousy" Admits to hearing voices in every week

9) Assets - Verbal, hx of employment but no in 2 yr.

10) Axis I - Major Depression vs dysthymia
Substance Induced psychotic Disorder
HL Polysubst. Abuse & alcohol dependence
II - Antisocial Personality Disorder
III - hx A-fib
IV - Ø income, Ø job V 40

Men. Health Recs.
T. Dennis 177

11) Admit to 8 S; assess for S/S depression, group milieu, will wait to start meds when pt has cleared & reassess for psychotic sx. AA/NA

NEVADA MENTAL HEALTH INSTITUTE

PSYCHIATRIC EVALUATION

25801

TERRY

[signature]
[signature] M.D.

Chief Complaint: I seriously wanted to take my own life. Numerous stressors. Prob 2 being dominated - made to feel small & stupid

History of Present Illness (Include onset and reasons for current admission): 49 y/o M/W on legal 89 from St Marys Ex - Allegedly took a quantity of Atinan in suicide attempt. Men. CER EKG normal - Bal .409 Transported to NMHI by RPD for eval.

Past History of Psychiatric Problems and Treatment: 1956 - While in service - Inpt. Doesn't know Diagnosis - Hearing voices @ X's for yrs. untreated.

Past Non-Psychiatric Medical History and Treatment: Dental problems ↓ Ex Back problems - Both related accidents - approx 3 yrs ago.

Allergies or Adverse Reactions: NKA

Current Medications: ~~G~~ Prescribed meds @ this time.

Habits (cigarettes, alcohol, drugs, etc.): PK Daily - approx 12 Beers per wk. when not stressed. Doesn't Do Drugs now - Did yrs. ago.

ER 0433

NEVADA MENTAL HEALTH INSTITUTE
INTAKE/ADMISSION ASSESSMENT
PAGE 1 OF 5

Men. Health Recs.
T. Dennis 178

25981

MR 103

MENTAL STATUS EXAMINATION
(Circle at least one each line)

ER 0434

GENERAL APPEARANCE:

1. Actual age 49 Apparent age: as stated, older, younger
2. Race/Ethnicity: Caucasian, African American, Hispanic, Asian, American Indian
3. Sex: male, female
4. Height: tall, medium, short
5. Build: Cachexic, thin, medium, heavy, very obese
6. Hygienic state: clean, disheveled, unshaven, odorous
7. Clothing: appropriate, untidy, peculiar (describe: _____)
8. Make up: yes, no
9. Patient arrived: alone, with others (specify: _____)
10. Mode of transportation: car, bus, plane, other (specify: bus)
11. Distance traveled: 5 miles
12. Other: describe: _____

BEHAVIOR:

1. Alertness: normal, hypervigilant, sleepy, confused, stuporous
2. Posture: slumped, normal, rigid, other (specify: _____)
3. Gait: normal, abnormal
4. Facial expression: unremarkable, immobile, sad, worried, angry, happy bland, other (describe: _____)
5. Eye contact: good, avoided, stared into space, searching
6. Attention span: poor, satisfactory, distractible
7. Motor level: normal, hypoactive, hyperactive
8. Mannerisms: none, posturing, echopraxia, stereotype, pacing, tics, handwriting, buccolingual-masticatory, other (describe: _____)
9. Physiological: none, tearful, crying, blushing, sweating, tremulous, other (describe: _____)
10. Manner of relating to interviewer:
    A. Warmth: seductive, friendly, indifferent, cold, other (describe: _____)
    B. Trust: trustful, very sensitive, mildly suspicious, openly distrustful, passive, aggressive
    C. Gender: appropriate, effeminate, masculine, androgynous
    D. Cooperativeness: active cooperation, passive cooperation, hostile, argumentative, vague, evasive, demanding, antagonistic, other (describe: _____)
    E. Style: unremarkable, dramatic, apathetic, worried, boastful, self-deprecatory, other (describe: _____)
11. Was there a significant change in relating manner during the session: Yes No If yes, describe: _____

AFFECT AND MOOD:

AFFECT: Appropriate to content, blunted, flat, inappropriate, labile, intrusive

MOOD: Suspicious, euphoric, shame, guilt, indifference, relaxed, anxious, fearful, angry, depressed, agitated, elated, other (describe _____)
Sleepy

MENTAL STATUS EXAMINATION
(Circle at least one on each line)

ER 0435

SPEECH:

1. First language: English, Spanish, Other _____
2. Quantity: Mute, answers only questions, normal, verbose
3. Amplitude: Soft, normal, loud, screaming, monotone
4. Impediments: None, stutter, lisp, slur, other (describe: _____)
5. Quality: Infectious, exaggerated, flat normal
6. Speed: Slow, normal, rapid, pressured

THOUGHT PROCESS:

ORGANIZATION: Coherent, logical, word salad, circumstantial, flight of ideas, disorganized

ASSOCIATION: Tight, logical, blocking, loose, incoherent, clang (rhyming)

STREAM OF THOUGHT: Unremarkable, over inclusive, concrete, echolalic, joking, neologistic, precise, flight of ideas, circumstantial, tangential, non-spontaneous, other (describe _____)

CONTENT OF THOUGHT:

1. Delusions (grandiose, persecutory, self accusatory, somatic, other ∅
2. Feelings of influence: e.g. ∅
3. Ideas of reference: e.g. ∅
4. Depression: e.g. yes
5. Obsessions/Compulsions: e.g. ∅
6. Phobic thoughts: e.g. ∅
7. Anxieties: e. g. ∅
8. Depersonalization/Derealization: e.g. ∅
9. Somatic preoccupation: e.g. ∅

PERCEPTION:

1. Illusions: e.g. ∅
2. Delusions: e.g. ∅
3. Hallucinations: Auditory, visual, gustatory, olfactory somatosensory, e.g. not now

SUICIDAL/HOMICIDAL IDEATION:

1. Suicidal: e.g. NOT @ THIS moment
2. Homicidal: e.g. " " " "

INSIGHT:

1. Insight into problem: Yes No, e.g. _____
2. Motivation for treatment: Yes No, e.g. _____

JUDGEMENT:

1. Intact: Yes No, e.g. @ THIS

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ORIENTATION

	Score	Maximum Score
What is the date (i.e., day of week, day of month, month, year) season?	(5)	5
Where are we: (hospital) (state) (county) (town) (floor)?	(5)	5

REGISTRATION

Name three objects, taking 1 second to say each. Then ask patient to repeat all three. Give 1 point for each correct answer. Then Repeat them until patient learns all three. Count trials and record. Number of trials _____	(3)	3

ATTENTION AND CALCULATION

Serial 7's. Give 1 point for each correct answer. Stop after 5 answers. If patient refuses, ask hom to spell "world" backwards.	(5)	5

RECALL

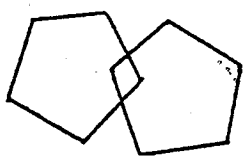
Ask the patient to name the three objects cited above. Give 1 point for each correct answer.	(2)	3

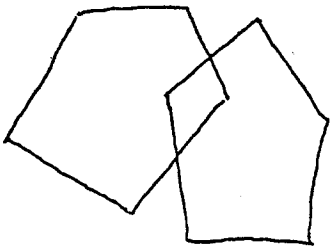
LANGUAGE AND PRAXIS

Point to a pencil and a watch and ask patient to name them. (2 points)	(2)	2
Ask the patient to:		
Repeat the following: "No ifs, ands or buts." (1 point)	(1)	1
Follow a three stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (3 points)	(1)	3
Read and obey the following sign: "Close your eyes." (1 point)	(1)	1
Write a sentence. (Do not dictate a sentence; it must be written spontaneously. It must contain a subject and a verb and be sensible. Correct grammar and punctuation are not necessary.) (1 point)	(1)	1

X Home is where the heart is.

Copy this design. (1 point)	(1)	1





ER 0436

TOTAL SCORE:	(29)	30

Summary: 78 y/o M/W - Oriented - 29/30 - Suicide attempt - men cl'd from STMER & HX in Service 1956 - Doesn't know Dx - Depressed - Denies SI & HI now. Denies A/V Hallucinations. Will accept tarmt. Vague in some areas. Drowsy - Co-op & interview.

Diagnostic Impression:

Axis I: ~~Psychotic~~ Depressive mistake D/O NOS - 311.00

Axis II: ~~Deferred~~ Mistake Deferred

Axis III: Back injury - Teeth prods.

Axis IV: States stressors - People trying to dominate him.

Admitting GAF: 35

Disposition Discussed with: Spiro, Physician Time: 0415

Disposition/Recommendations: Admit to 8 So. Place on GHRP

[signature]
Signature of Clinician

8/19/95 0415
Date/Time

[signature] for Dr G. Ely
Signature of Physician

8/21/95 1400
Date/Time

ER 0437

NEVADA MENTAL HEALTH INSTITUTE
INTAKE/ADMISSION ASSESSMENT
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TERRY

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COMPREHENSIVE ADMISSION NURSING ASSESSMENT
(must be completed within 24 hours)

ER 0438

PHYSICAL HEALTH ASSESSMENT:
(please circle those that apply)

NUTRITION: WELL-NOURISHED: Obese Thin (NORMAL) Weight gain Ø Weight loss Ø
Special diet ___ Dentures Ø Perception of weight ___
Appetite VARIES Comments: ___

SKIN: Normal color (Pale) Ruddy Jaundiced Cyanotic Flushed
Warm Cool Dry Moist Good turgor
Poor turgor Edema Bruises
Comments: ___

EYES/EARS: (Hearing normal) Hearing deficit Hearing aid
Eyes normal Wears contacts (Wears glasses) Comments: ___
WEARS GLASSES

NOSE/THROAT: Denies problems Nosebleed Sinusitis Hayfever
Sore throats
Comments: SINUSITIS (ALLERGIC)

BREATHING CIRCULATION: Denies problems Shortness of breath Chest pain
Easy fatigability Cough Hypertension
Pacemaker Comments: ___
REPORTS [illegible] ALSO BREATHLESSNESS AT TIMES (VAGUE [illegible])
Smoker: Yes ✓ No ___ If yes, per day 1 PAK Number of years ___

GI: (Denies problems) Indigestion Nausea Vomiting Hematemesis
Stomach pains Diarrhea Constipation Ulcer Black tarry stools
Comments: ___

GU: (Denies problems) Incontinence Painful urination Frequency
Hesitation Comments: ___

REPRODUCTIVE:
Female: LMP ___ Regular Irregular Painful Altered moods Pregnant
Vaginal discharge PMS Birth control pills ___
Number of pregnancies ___ Last PAP/date ___
Comments: ___

Male: (Denies problem) Hernia Discharge Enlarged prostate Impotence
Comments: ___

ENDOCRINE: (Denies problem) Hyperthyroid Hypothyroid Diabetes
Hypoglycemia Hormone therapy
Comments: ___

REST/SLEEP PATTERN: Denies problem Difficulty falling asleep Staying asleep
Nightmares Sleeps during day
Comments: Usually No Problems

NEVADA MENTAL HEALTH INSTITUTE

NURSING ASSESSMENT/ANNUAL REASSESSMENT

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DENNIS, TERRY

CURRENT MENTAL STATUS ASSESSMENT

LEVEL OF CONSCIOUSNESS: Alert (Drowsy) Lethargic Comments:

SPEECH: (Normal) Loud Pressured Hesitant Slurred Rapid Stuttering Monotone Does not talk Soft
Comments:

CONTENT OF THOUGHT: (Coherent) Incoherent (Able to stay on subject) Flight of ideas Well organized Loose associations (Logical) Illogical Comments:

CONCENTRATION AND ABILITY TO GRASP INFORMATION: Good (Fair) Poor
Comments:

INSIGHT/JUDGEMENT: (understanding of the situation) Good (Fair) Poor
Comments:

MEMORY: Immediate recal (intact) or deficit Recent memory (intact) or deficit
Comments:

MOOD/AFFECT: (Flat) Blunted Agitated Flirtatious Tearful Happy Sad Angry (Detached) Elated Suspicious Pleasant Irritable Labile Comments:

PERCEPTUAL DISORDERS: None Hallucinations Delusions Describe:

FUNCTION OF IMPULSES: None Aggressiveness ~~Self-destructive (suicidal)~~ Homicidal Seuxal Comments:

BEHAVIOR AND SOCIAL STATUS ASSESSMENT

1 ♂ 19

SOCIALIZATION/INTERPERSONAL SKILLS: Marital status M. # Children ____ Ages ____
Living arrangements SEPARATED FROM WIFE WHO LIVES IN SEATTLE WA
Describe current support system: NONE - HOMELESS IN RENO

HISTORY OF PHYSICAL OR SEXUAL ABUSE: (Denies) Has been abused Is an abuser
Comments:

WORK/LEISURE: Occupation DISABILITY Education H.S. GRAD
Use of free time: (Hobbies, sports, etc.)

ALCOHOL/DRUG ASSESSMENT: Denies STATES ETHN. HAS BEEN A PROBLEM IN PAST
Alcohol: Amount VARIES. Frequency
Drugs: Type ∅ SINCE TEENAGER IV Frequency
Potential for withdrawal: POSSIBLE - HX. VAGUE Comments:

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NEVADA MENTAL HEALTH INSTITUTE

NURSING ASSESSMENT/ANNUAL REASSESSMENT

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DENNIS, TERRY
12-14-46 43 M/W

PATIENT STRENGTHS: (I ntified by the patient and/or se):

GOOD HUMOUR GOOD LISTENER

FAIR IN JUDGEMENT

INTELLIGENT

TIENT GOALS OF HOSPITALIZATION: What does the patient want/expect from spitalization?

TO SORT OUT "PROBLEMS"

ENVIRONMENTAL NEEDS: (Bathroom, running water apartment needed, stairs, crutches, cane hearing-aid, etc.): HOMELESS

SELF-CARE DEFICIT: Assistance needed with ADLs or finances, etc.:

FINANCIAL PLANNING (RECEIVES DSSD)

PATIENT EDUCATION NEEDS: Anger management, Self-esteem, Medication compliance, Leisure time management, Drugs and/or alcohol, Stress management, Social interaction skills, Other (please specify):

PATIENT D/C PLANNING NEEDS: HOUSING, SUPPORT GROUP, POSSIBLY A.A OR ETHNOL ABUSE COUNSELLING

NURSING DIAGNOSES OR ISSUES THAT NEED TO BE ADDRESSED IN THE PLAN OF CARE:

IMPULSE CONTROL DISORDER

State reason if unable to complete:

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[signature]
Signature

8/19/95 0500
Date/Time

NEVADA MENTAL HEALTH INSTITUTE

NURSING ASSESSMENT/ANNUAL REASSESSMENT

MR 111

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ER 0440

DENNIS, TERRY

DATE OF ADMISSION: August 19, 1995

IDENTIFYING INFORMATION:

The patient is a forty-nine-year-old, divorced times three male. Source of information was the patient. The patient is considered somewhat reliable.

REASON FOR ADMISSION:

The patient was taken to Washoe Medical Clinic due to an overdose of tranquilizers, which have been prescribed to the patient over a period of time. According to the patient, this was a suicide attempt of which he has had several throughout his adult life. The patient was subsequently transferred to Nevada Mental Health Institute on a Legal 89.

HISTORY OF DANGEROUS BEHAVIOR:

The patient reports having had several suicide attempts involving overdosing on medications as well as carbon monoxide poisoning. He reports he ~~would prefer to go to sleep than to inflict some violent means upon himself. The~~ patient has always been rescued by others. The patient ~~has been a danger to others by becoming physically violent with others~~ and becoming involved in physical confrontations, for which he has been incarcerated in the past.

FINANCIAL AND HOUSING STATUS:

The patient reports he is presently without any means of support, having not worked for the past two years. Up until one and one half weeks ago he was obtaining General Assistance in the Seattle, Washington area.

The patient is presently without any housing. He moved to Reno approximately one and one half weeks ago. He was residing in a local motel when he engaged in the current suicide attempt.

LEGAL ISSUES:

The patient reports no present legal issues. However, the patient has spent much time in jail in Seattle, Washington for second degree assault as well as prison on two occasions (one in South Dakota for drug usage and one in Seattle for assault).

MEDICAL AND PSYCHIATRIC HISTORY:

The patient reports having no past or present seizure activity. He states having had some minor head injuries throughout his life

WCPD

due to physical confrontations with others. The patient feels that he was probably mugged or involved in some kind of physical confrontation prior to being admitted to Nevada Mental Health Institute, as the back of his head is somewhat tender and his belongings have been "ripped off". The patient reports having had a tumor removed on his wrist in third grade. The patient reports one previous psychiatric hospitalization in 1966, while serving in the military. The patient can not remember whether or not he was placed on medications at that point and time. The patient reports he has been having problems for the past year and applied for Social Security Disability but decided that it took to long to wait for approval and dropped it. The patient reports that to his knowledge that none of his family has ever had or does have any psychiatric problems.

SUBSTANCE ABUSE ISSUES:

The patient states alcohol and drug usage have always been a problem for him. He no longer engages in drug activities but continues with alcohol. The patient tends to drink to intoxication, although he denies the expense of his drinking. The patient has been in two, thirty day programs, which he felt were not of benefit to him as they were at the request of the court system. The patient acknowledges that his drinking has been a problem for him and "hasn't done me any good". He is not interested in rehabilitation programs at this time.

FAMILY BACKGROUND:

The patient has one brother that he has not seen in ten years. The patient and his brother grew up in separate homes with separate families due to the death of his parents. His mother died when the patient was age twelve and father dying when the patient was age fourteen. The causes of death are unknown at the present time. The patient reports that ~~he and his brother got into extreme physical confrontations~~ which resulted in them being split up to grow in different families.

SPIRITUAL ORIENTATION AND ETHNOCULTURE ISSUES:

The patient states having no religious orientation. There is no ethnocultural issue to address with this patient.

DEVELOPMENTAL HISTORY:

The patient feels that in early elementary school and prior, his physical, psychological, social and sexual development were within the norm. He can not identify anything that was out of the norm other than physical fighting as far back as he can

remember. At times he initiated the physical confrontation, while at other times someone else initiated it. The patient reports his grades were average. He grew up in the country where his closes friend was at least one half mile away. Having grown up far away from other individuals, he tended to be somewhat of a loner. The patient reports that during junior high and high school he developed an image of black leather and a fighter. The patient began smoking at age nine, therefore states he did not participate in any sports due to his smoking. The patient reports that his grades were average due to him not being into studying. The patient reports no special education classes throughout his education. The patient reports going to live with a different family member his senior year of high school and left behind his old image and developed a new image in grade twelve. He remembers his senior year as a good time.

EDUCATIONAL HISTORY:

The patient graduated from high school and completed one quarter of community college. He had no idea of what his interests were or major would be at that point. At the present time he is not interested in furthering his education.

WORK HISTORY:

The patient reports his main trade is that of a glass cutter. He ended his employment approximately two years ago due to hurting his back. Upon having ~~x-rays,~~ there was ~~no back issues noted~~ and the patient is not receiving disability due to a back injury and does not feel that he is able to return to any kind of physical labor due to continued back tenderness and pain.

MARITAL STATUS:

The patient states he has been married three times. Two marriages ended in divorce. The most recent is a wife he was married to for approximately one year and continues to reside in Seattle, Washington. The patient left Seattle one and one half weeks ago. The patient reports one son from these three marriages, who is age nineteen and resides in Seattle, Washington. The patient has no contact with this son as the son shows no interest in establishing a relationship with the patient.

MILITARY HISTORY:

The patient served three years and nine months in the Air Force doing a six month tour in Vietnam. The patient states he had a pretty good time in Vietnam due to being a postal worker. The patient was discharged with an honorable discharge.

COMMUNITY RESOURCE CONTACTS:

Due to the patient having resided in Reno for only one and one half weeks, he is unfamiliar with the area as well as resources available and how to access local resources.

SOCIAL EVALUATION:

Areas of strength:

1. The patient appears to show insight into how his use of alcohol affects his adult life situation.
2. The patient appears to be able to seek out relationships, although these relationships appear to be short term in nature.
3. The patient is able to express himself well with good verbal skills and is able to ask for help.

Areas of need:

1. The p~~atient tends to act out his emotional needs through suicide attempts in which he is always rescued.~~
2. The patient presents with a tough image of long hair, beard and dressed in black.
3. The patient lacks appropriate ways to express his emotions resulting in suicide attempts.
4. The patient will need to make a decision about reuniting with his present wife in the Seattle area or starting over in the Reno area.

DISCHARGE PLANNING ALTERNATIVES:

At the present time, the patient refuses to allow social worker to contact his wife in Seattle, Washington. The patient is uncertain whether or not he will return to Washington or remain in the Reno area. Should the patient return to the Washington area, he will re-access General Assistance. Should the patient decide to stay in the Reno area, he will be referred to local shelters and substance abuse rehabilitation programs as well as Galletti Medication Clinic should he agree to medication.

Linda Farrar, LCSW / 8/22/95 1530
Linda Farrar, LCSW /DATE TIME

LF/eg
D: 08/21/95
T: 08/22/95

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	UNKNOWN	NOT ABLE	ABLE WITH ASSISTANCE	ABLE
SAFETY IN COMMUNITY				✓
CARES FOR HEALTH NEEDS				✓
UNDERSTANDS ILLNESS/ NEED FOR TREATMENT			✓	
MEDICATION COMPLIANCE				✓
ACCESS COMMUNITY SUPPORT SYSTEMS				✓
SOCIAL APPROPRIATENESS				✓
MAINTAINS SOCIAL RELATIONSHIPS		✓		
COMMUNICATES APPROPRIATELY				✓
PERSONAL HYGIENE				✓
HOUSEKEEPING/LAUNDRY				✓
MEAL PREPARATION				✓
MONEY MANAGEMENT				✓
MOBILITY IN COMMUNITY				✓
LEISURE/RECREATION				✓
MAINTAINS EMPLOYMENT			✓	
OTHER, PLEASE SPECIFY				

Evaluation of patient's education needs and recommendations for treatment priorities:

Pt tends to minimize effects of alcohol abuse & how it affects his present & life situation & relationships. Shows an inability to maintain long term stable relationships w/others.

Assessment of patient's ability and readiness to learn:

Pt presently in denial of substance abuse & a willingness to correlate how this impacts his life

Licensed Social Worker or RN Linda Panar LCSW Date 8/29/95

ER 0445

NEVADA MENTAL HEALTH INSTITUTE

FUNCTIONAL ASSESSMENT

Men. Health Recs.
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MENTAL STATUS EXAMINATION:

Date of Examination: [illegible]
Time: 15:30

I General

A. Physical Attributes

1. Appears:
   - ____ Stated Age
   - ____ Older
   - ____ Younger

2. Gen. Hygiene/Grooming
   - ✓ Clean
   - ____ Moderately Dirty
   - ____ Very Dirty
   - ____ Kempt
   - ✓ Disheveled
   - ____ Other____

3. Nutritional Status:
   - ____ Normal
   - ____ Obese
   - ____ Moderately Obese
   - ____ Muscular
   - ✓ Thin
   - ____ Emaciated
   - ____ Malnourished
   - ____ Other____

4. Facies:
   - ____ Normal
   - ____ Smiling
   - ____ Crying
   - ✓ Blank
   - ____ Scared
   - ____ Sad
   - ____ Mask-like
   - ____ Other____

5. Posture, Gait & Bal.
   - ____ Normal
   - ✓ Erect
   - ____ Stiff
   - ____ Slumped
   - ____ Other____
   - ____ Ataxic
   - ____ Side-leaning
   - ____ Wide-based
   - ____ Other____

6. Handicaps/Impairments
   - ____ Developmentally Disabled
   - ____ Expressive Speech
   - ____ Blindness or Severe Visual Impairment
   - ____ Deafness or Severe Hearing Loss
   - ____ Nonambulation
   - ____ Cognitive Disorder
   - ____ Impaired Intellectual Functioning
   - ____ Missing Limbs/Digits

7. Motor Activity
   - ____ Normal
   - ____ Hyperactive
   - ✓ Hypoactive
   - ____ Bizarre Gestures
   - ____ Dystonia
   - ____ Akathisia
   - ____ Tremor
   - ____ Dyskinesia:
     - ____ Face
     - ____ Trunk
     - ____ Extremities
   - ____ Other____

8. Voice tone/breath control
   - ____ Normal
   - ____ Breathy
   - ✓ Raspy
   - ____ Thin
   - ____ Quavery
   - ____ Monotonic
   - ____ Dysprosodic

9. Social manner/demeanor
   - ____ Appropriate
   - ____ Intrusive
   - ____ Stickiness
   - ____ Abrasive
   - ✓ Abrupt
   - ____ Submissive
   - ____ Other____

ER 0446

Terry Dennis

· Suicide attempt. Thursday Suds 5

- O.D. of Lorayapan
- Rx
- Several Previous attempt
  - Co_2
  - O.D.S
  - "Too Squemish"

· No Purpose in Life

· Seattle: Gambling Get Enough Money to Start Over
  - Since @ 10 ago

· Public assistance

· Aquietances in Seattle

· N. Seattle

· Grad H.S.

· Viet Nam 4 years

- Jobs: Mechanical Assembly

- "Burned me Out"

-

Drugs: Pot & Acid

- 2 years Poss.
- 2nd assault. '83
- Couple Month Ago
  2 lines Coke

ETOH: anything
- Up Until

ER 0447

Dennis, Terry

B. Mood, Affect & Attitude

1. Mood

✓ ~~Depressed~~
Dysphoric
Irritable
Apathetic
Normal/Euthymic
Agitated
Expansive
Elevated
Euphoric
Manic

2. Attitude

Cooperative
Resistive
Sociable
✓ Reserved
✓ Seclusive
Belligerent
Negativistic
✓ Suspicious
Apathetic
Confident
Fearful
Overconfident
Superior
Sarcastic
Inferior
Other

3. Affect

Broad (Normal)
Happy
Sad
Restricted
✓ Flat/Blunted
Labile
Inappropriate

4. Performance Factors

~~2 Frustration tolerance~~
1 Response to corrective feedback
D Awareness of errors
Social manners/demeanor
1 Response to authority
Cause-and-effect relationships
Means-end competency
Topic orientation (tracking)
Turn-taking in conversations
Sequential skilled motor movements
Strategies: adopted? ✓
generalized ✓
ignored
irritated

ER 0448

Terry D.

C. Speech, Thought & Perception

1A Speech Stream

- ✓ Normal
- ____ Pressured
- ____ Loquacious
- ____ Poverty
- ____ Distraction
- ____ Slurred
- ____ Disjointed
- ____ Explosive
- ____ Telegraphic
- ____ Word Salad

1B Speech Content

- ____ Normal
- ____ Paraphasias
- 1 ✓ Areas of Concern
- ____ Anxieties
- ____ Phobias
- ____ Paranoia
- ____ Obsessions
- ____ Neologisms
- ____ Mispronunciations
- ____ Mis-used vocabulary

2A Thought Stream

- ✓ Normal
- ____ Increased
- ____ Decreased
- ____ Flight of Ideas
- ____ Loose Associations
- ____ Blocking
- ____ Circumstantial
- ____ Tangential
- ____ Circulocuted

2B Thought Content

- ____ Normal
- ____ Imaginations
- ____ Preoccupations
- ____ Delusions
- ____ Magical
- ____ Paranoid
- ____ Confused
- ____ Autistic (self-involved)
- ____ ~~Hallucinations auditory~~

✓

3. Perception

- ____ Normal
- ____ Delusions - U.F.O. Sightings
- ____ Visual Distort. - 3 distinct & different Voices
- ____ Taste Distort.
- ____ Smell Distort. - 2 ♂ & 1 ♀ (~~Female Scares~~)
- ____ Auditory Distort - Command Hallucinations
- ____ Tactile Distort. - "~~Nasty & Violent Stuff to Her~~"
- ____ Deja Vu Last time @ a week ago
- ____ Jamais Vu
- ____ Depersonaliz.
- ____ Derealization

ER 0449

I Cognitive Function

1. Abstraction

A. Category Formation

1. Camel and truck TRANS
2. Apple and orange FRUIT
3. Elephant and mouse Color
4. Table and chair FURNITURE

B. Alternate Proverbs (concrete, overlearned)

5. "Look before you leap." DK. Never Thought of it before "Edge of a thing
6. "Don't count your chickens before they hatch." Some may not hatch.
7. "A stitch in time saves nine." Basic attage. Pair of pants the seam tears out.
8. "Don't put all your eggs in one basket." If you sell eggs & need money, basket you could trip & break them all

OR

C. Proverb Interpretation

9. "Hot coals burn; cold ones blacken".
10. "Shallow brooks are noisy."
11. "People who live in glass houses shouldn't throw stones."
12. "A man with a wax head should not go out in the sun."

TOTAL # of Responses (T=8):

Concrete 4 Similes ____ Inappropriate ____

→ Lens (NMHI)

2. Orientation: Person ✓ Place ✓ Time ✓ Situation ✓

3. Attentional tone: Low ____ Moderately Low ✓ Adequate ____

ISTRUCTIONS FOR ITEMS 4-11 0 = Normal; 1 = Poor; 2 = Impaired
re

4. Short-term Memory (Digit Span):

FORWARD #= 6 (7)
5-8-2
6-4-3-9
4-2-7-3-1
5-9-1-7-4-2
5-8-1-9-2-6-4
2-7-5-8-6-2-5-8
4-8-7-3-9-2-6-1-5

BACKWARD #= 4 (5)
5-8
4-7-5
4-9-6-8
6-1-8-5-6
7-2-4-8-5-6
4-7-3-9-1-2-8
7-2-8-1-9-6-5-3

1 5. New Learning
A. The 4 words are: clock, book, knife, sky.
B. The sentence is: The bears in the forest hid behind the tall trees.

Trials to criterion: 2

0 6. Construction: (Use back of intake sheets or separate page.)
1. Clock, #1-12; make the clock read (hands say) 11:10
2. Cube (like child's block).
3. Daisy (including the stem, please)

OR

4. Complex Figure____ Recall____ Delayed Recall____

7. Recent Memory:
a. What were the 4 words? (clock, book, knife, sky)
b. What was the sentence? (BF HB TT)
Recall A_____ Recall B_____

0 8. Concentration: (serial 7, 13)
(100 - 93 - 86 - 79 - 72 - 65 - 58 - 51)
(100 - 87 - 74 - 61 - 48 - 35 - 22 - 9)

0 9. Remote Memory: (General information, i.e., Presidents, Capitols, news items.) AL
Personalities: Historical ✓ Contemporary ✓ N.A.
Spatial: Locations N.A. Directions South West
- Sahara C top

0 10. Computation:
A. 17 x 3 = 51 44 - 16 = 28 121 + 35 + 46 = 202
B. 36 ÷ 6 = 6 $18 - 7.50 = $8.50 50¢ - (7 x 2) = 36¢

___ 11. Judgment: (Comprehension: i.e., stamp, fire, child in distress)
Put in MB Try to put it out

I Clinical Estimates

A. Intellectual Capacity:

___Low ___Low Normal ✓ Normal ___High Normal ___High

___ B. Insight: (Clinician's estimate of client's insight into present problems.)

Current: ✓ Low ___ Medium ___ High
Capacity: ___ Low ✓ Medium ___ High

___ C. Suicidal/Homicidal Ideation: Sus = 5 Plan?___

___None ___Mild ___Moderate ✓ High

___ D. Motivation for Treatment:

___Low ✓ Average ___Strong

___ E. Motivation to Learn:

✓ Low ___Average ___Strong

___ F. Preferred Learning Mode:

✓ Single Mode ___Multimodel ___Tactile ___Imagery

___ G. Capacity for Learning:

___Low ✓ Average ___High

___ H. Spiritual Awareness: Pentecostal

✓ Low ___Average ___Strong

___ I. Purpose in Life: Trying to make sense out of it

✓ Low ___Average ___Strong

___ J. Quality of Life:

✓ Low ___Average ___Strong

Men. Health Recs.
T. Dennis 198

Personality Dynamic Issues

2 ✓ Early Childhood Abuse issues

___ Conflicts and Anxieties

2 ✓ Major Defenses Offense ie Verbal & Physical-aggression

___ World-View

___ Ego Functioning

___ Superego Functioning

___ Adult Development Stage

Behavioral Problem/Educational Needs

2 Substance use Pot, Etoh, Coke . . .

2 Impulse Control ~~[illegible]~~

2 Dependency ~~Etoh:~~ Any

___ Autonomy/Productivity

2 Mood Management depression

2 Anger/Stress/Pain Management Outbursts

2 Financial Planning Gambled away all ($600) money

___ Self-Awareness

___ Personal Hygiene/ADL

___ Personal Trauma

1 Social Skills: Basic/Advanced

2 Relationships: ~~Forming/Maintaining~~ None

ER 0453

Men. Health Recs.
T. Dennis 199

mmary:

Client is a 48 YO. WM Separated admitted after taking 70 Lawan & a pt. of Vodka. He Complains of Lack of Purpose in life depression c̄ a hx of Drug & ETOH abuse. Spent Time in Prision for Possession & again for 2nd degree assault

agnostic Impression:

is I Major Depressive Episode Recurrent

ETOH & Drug Dependency

is II Deferred

Deferred

is III

is IV Prob c̄: occupation, Education, Employment

V Current GAF 40 Past Year 45

eatment Approach:

Work c̄ Client @ depressive Sx defining Pleasureable Events in his life now or earlier & Utilize his understanding of happiness to establish a relationship between Activity and feeling better

M. [signature]
gnature

8/21/95 @ 1620
Date/Time

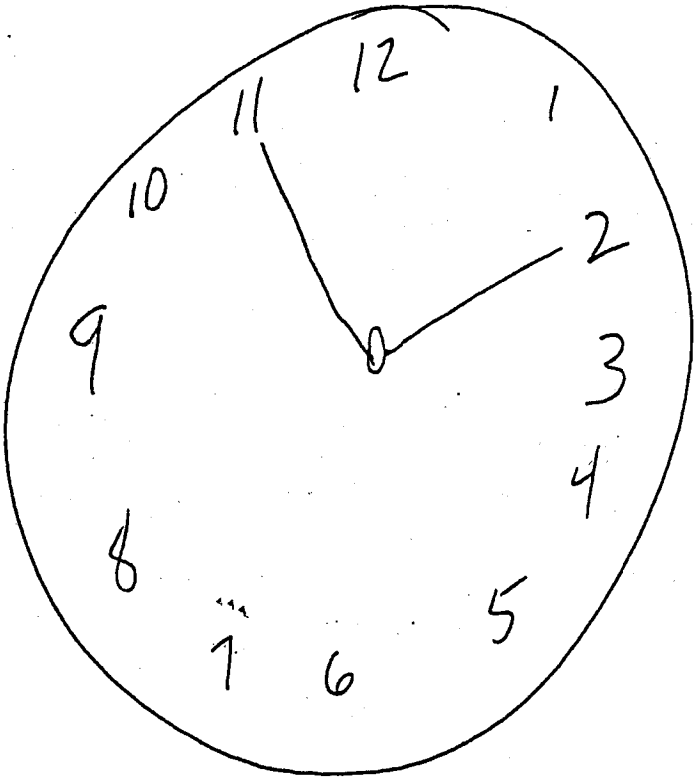
/ADA MENTAL HEALTH INSTITUTE
INITIAL PSYCHOLOGICAL
EVALUATION

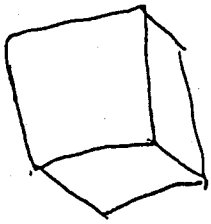
8/95

WCPD

Men. Health Recs.
T. Dennis 200

ER 0454





ER 0455

Men. Health Recs.
T. Dennis 201

Dennis, Jerry

I. USE OF LEISURE TIME THE PAST MONTH:

A. What do you do with your leisure time? Gambling

Fishing

B. Do you engage in these activities: Regularly ___ Occasionally ___ Never ___

What are your three favorite leisure interests?

1. TV
2. Puzzles
3. Fishing

C. How much leisure time do you have each week?
Too much ___ Sufficient ✓ Not enough ___

D. Do you participate in a regular exercise/fitness program? Yes ___ No ✓

If yes, what? Back pain

Too depression

E. Do you spend most of your leisure time:
Alone ✓ With others ___ Combination ___

F. Are you comfortable in social situation?
Always ___ Sometimes ✓ Never ___

G. Are you satisfied with your present leisure time interests? Yes ___ No ✓
Are these interests:
Highly pleasurable ___ Moderately pleasurable ✓ Not pleasurable ___

II. SOCIAL RELATIONSHIPS IN THE PAST MONTH:

A. Do you live alone? ✓ With roommate/friend? ___ With spouse? ___
With relatives/friends? ___ Other? ___ Left wife

B. How many close friends do you have? Many ___ Few ___ None ✓

C. How are your relationships with family members?
Very close ___ Moderately close ___ Distant ✓

D. Do you belong to any clubs, organizations or support groups? Yes ___ No ✓
If yes, what?

Comments: Depression, low self esteem, no social support

lives on street in past Focus: improve self esteem

Reduce depression

Signature: [illegible] C.T.R.S. Date: 8/22/95

25971

NEVADA MENTAL HEALTH INSTITUTE

LEISURE/ACTIVITY ASSESSMENT

Men. Health Recs.
T. Dennis 202

[illegible], TERRY
10-14-46 43
8-10-95

1. My problems as I see them are as follows:
   1. ~~DON'T MUCH CARE ABOUT ANYTHING OR ANYBODY~~
   2. ~~PEOPLE SOMETIMES EXPECT TOO MUCH OUT OF ME~~
   3.
   4.

   My problems as other (Who:_____) see them are as follows:
   1. ~~[illegible]~~
   2. ~~[illegible]~~
   3. ~~[illegible]~~
   4.

2. My personality strengths/accomplishments are:
   1. SENSE OF HUMOR
   2.
   3.
   4.

3. I need direction/clarification and help with the following problems:
   1. NOTHING
   2.
   3.
   4.

4. My plans after discharge (work, interpersonal and myself) are:
   1. WORK
   2.
   3.
   4.

ER 0457

8/19/98
Date

[illegible]
Signature of Patient

[illegible]
Received by

Instructions: Please complete this form before you meet with the staff. Complete the questions the best you can and hand-carry to the staffing.

Circle Desired Orders & Line Out All Others

1. Admitting Diagnosis: *Axis I* Depressive O/O NOS 311.00
2. Allergies NKA
3. Admit To: 8 South 8 North Admit Status Emergs
4. Diet: Regular *or*
6. Vital Signs: q 8 hours x 3 days
7. Laboratories: CBC Diff Urinalysis Chem Panel ~~Ucs~~ RPR Done 8/19/95 LFA on 8/
8. ~~Chest X-ray *reason*~~
9. ~~Electrocardiogram *reason*~~
10. 1:1 High Risk Precaution Group High Risk Precaution
11. For Minor Pain: Acetaminophen (Tylenol) 325 mg. 2 tabs PO q 4 hrs PRN x 7 days (Specify time in days)
12. For Indigestion: Alumina/Magnesia (Maalox) 30 ml, PO q.i.d. PRN x 7 days (Specify time in days)
13. For Constipation: Milk of Magnesia (MOM) 30 ml, PO HS PRN x 7 days (Specify time in days)
14. ~~Chlorpromazine (Thorazine) 50 mg, PO or IM q 4 hrs PRN agitation x~~ (Specify time in days)
15. ~~Haloperidol (Haldol) 5 mg, PO or IM q 4 hrs PRN agitation x~~ (Specify time in days)
16. ~~Benztropine (Cogentin) 2 mg, PO or IM q 6 hrs, PRN EPS x~~ (Specify time in days)
17. ~~Thiamine (B1) 100 mg, PO or IM now and qD x~~ (Specify time in days)
18. ~~Folate 1 mg, qD x~~ (Specify time in days)
19. ~~Multivitamins with Minerals 1 tab, PO qD x~~ (Specify time in days)

Noted & checked 8/19/95 0515

ER 0458

Verbal Order Telephone Order *per* Dr. SPIRO

RN: *Signature* [signature] *Date* 8/19/95 *Time* 0455

MD: *Signature* [signature] MD for Dr Spero *Date* 8/21/95 *Time* 1400

NEVADA MENTAL HEALTH INSTITUTE

PHYSICIANS ADMITTING ORDERS

Men. Health Recs.
T. Dennis 204

25931

[illegible] TERRY
[illegible] 48 [illegible]
8-19-95

PATIENT AND NUMBER	DATE/TIME ORDERED	ORDERS
DENNIS, TERRY 10-14-46 48 M/W 8-19-95	8/19/95 1515	d/c GHRP [signature] Noted 8/19/95 1515 [signature] V'd 8/20/95 2400 [signature]
DENNIS, TERRY 10-14-46 48 M/W 8-19-95	8/22/95 1530	Paxil 20mg po qam Trilafon 8mg po qhs Cogentin 1mg po qhs K. Atkins M.D. 8/22/95 1600 Noted [signature] Checked 0145 [signature] 8/23/95
DENNIS, TERRY 10-14-46 48 M/W 8-19-95	8/22/95 1935	1) Push fluids 1.5 l/d 2) Encourage pt hygiene 3) Hepatitis panel in AM. 4) Hepatitis precautions. [signature] Zen MD
	8-22-95 2000	Clarification of lab: Hepatitis A, B, C (comp) + (IGM) K. Atkins M.D. 8/25/95 930 V.O. Dr. Mesenny / B. Gentry Checked [signature] 8/23/95 0145

noted 8/22/95 2000 [signature]

WADA MENTAL HEALTH INSTITUTE

PHYSICIAN'S ORDERS

NAME: K. Atkins M.D. 8/24/95 1000

CASE NO.: 25931

Men. Health Recs.
T. Dennis 205

DENNIS, TERRY

PATIENT AND NUMBER	DATE ORDERED	ORDERS
[illegible] TERRY 19-14-45 48 M/U	8/29/95 1300	D/C to self tomorrow K. Atkins M.D.
		Noted 8/29/95 1310 - [illegible]
		Checked [illegible] 0010 [illegible]
[illegible] TERRY 19-14-46 43 M/U		
[illegible] TERRY 19-14-46 48 M/U		

ER 0460

VADA MENTAL HEALTH INSTITUTE

PHYSICIAN'S ORDERS

NAME:

CASE NO.:

Men. Health Recs.
T. Dennis 206

1. Discharge to Self

2. Discharge Diagnosis:

Axis I Depressive Disorder NOS/Polysubstance Abuse
Post Traumatic Stress Disorder

Axis II R/O Borderline Personality Dis.

Axis III Hepatitis B, C.

Axis IV financial problems, homeless

Axis V Current GAF 65 Past Year Highest GAF

3. Discharge Medications: Paxil 20mg po qam
Trilafon 8mg po qhs
Cogentin 1mg po qhs
Admit to GMC

4. Other Discharge Instructions: Abstain from ETOH + drugs
F/u c̄ ~~private physician~~ Dept of Health
Washoe County for Hepatitis
Go to ETOH rehab.

ER 0461

Verbal Order/Telephone Order per Dr.

R.N. Signature Date Time

K. Atkins MD 8/29/95 1300
Physician Signature Date Time

Noted ~~8/29/95~~ 13[10] F Nojan RN

NEVADA MENTAL HEALTH INSTITUTE

Men. Health Recs.
T. Dennis 207

PHYSICIAN DISCHARGE ORDER

Admit Date 8/2/95

DSM IV Diagnosis

Axis I Major Depression, Hx of substance abuse PTSD

Axis II Deferred

Axis III none

Assets/Strengths: Pt. is motivated for treatment & is functioning well when structure is provided

Long Term Goal: Pt will return to his support system in Seattle, Washington where he will pursue O.P. tx with psychopharmacological follow up and O.P. psychotherapy. Or flu c outpt therapy in Reno

Patient's Comments:

Patient Signature: Terry J Dennis Date/Time: 8-22-95 /

Staff Signatures		Coordinator	Date/Time
Psychiatry	K. Atkins M.D.		8/22/95 / 1130
Psychology	[illegible] MK. [illegible] PSI		8/22/95 1145
Social Work	Shelly R [illegible] LCSW		8/22/95 / 1145
Allied Therapy	Not Present		8/22/95 / 1145
Nursing	F Nejang RN		8/22/95 / 1145
Other			/

WCPD

Men. Health Recs.
T. Dennis 208

NEVADA MENTAL HEALTH INSTITUTE

INPATIENT TREATMENT PLAN FACE SHEET

Date	#	Problems	Signature/Title	Date Resolved
8/19/95	1	Depressive symptoms	[illegible] LCSW	
8/21/95	2	Lack knowledge of community resources	[illegible] LCSW	
12/95	3	Thought disorganization		
8/22/95	4	PTSD symptoms	[illegible] RC	
8/25/95	5	ETOH abuse	T. Atkins M.D.	

ER 0463

Nevada Mental Health Institute
Inpatient Problem List

MR 187C

8/92

25981

Men. Health Recs.
T. Dennis 209

Problem #1 (statement) Depressive Symptoms

(elaboration): AEB Suicide attempt, living on street - Wife left him.

Nursing Diagnosis or Collaborative Issue Ineffective Coping skills.

Date	Method/Staff Approaches	Short Term Goal Measurable outcomes/objectives	Target Date	Date Met	Responsible Personnel
9/19/95	Place pt on GHRP until dc'd by physician. Restrict to the unit.	Terry will be free from harm and will not harm others while @ NMHI.	8/29/95		Sh. McGuire
9/19/95	Monitor, assess and document mental status a shift & prn.	Pt will be able to verbalize his feelings to staff 1X each shift by discharge.	9-19-95		
9/19/95	Admin. tx meds as prescribed by MD. Teach pt the benefits of med compliance	Pt will take all medications prescribed by MD and be able to state the benefits of taking them while at NMHI	9-19-95		
		Sh. McGuire RD			
9/21/95	Psychology will meet c̄ Client 1:1 XW on the Unit to discuss the relationship between depression & activity & define pleasurable events in his life	Client will be able to state 3 pleasurable events in his life and be able to explain in his own words the relationship between activity & depression	9/21/95		M Kirk Dougher PSI
		MK Dougher			

Nevada Mental Health Institute
Inpatient Treatment Plan

Patient Name: 25931

Case No: DENNIS, TERRY 10-14-46 48 M/W 8-17-95

Men. Health Recs.
T. Dennis 210

MR-187A 8/92

ER 0464

Problem # _____

ate	Method/Staff Approaches	Short Term Goal Measurable outcomes/objectives	Target Date	Date Met	Responsible Personnel
/22	M.D. to evaluate need for antidepressant meds	Pt to be able to sleep all night x2 nights. Pt to deny SI x2 consecutive days K. Atkins MD.			K. Atkins M.D.

Men. Health Recs.
T. Dennis 211

[signature]

Nevada Mental Health Institute
npatient Treatment Plan (continuation)

Patient Name: [illegible]

Case No: [illegible] TERRY
[illegible]-14-46 48 [illegible]
[illegible]-19-95

[redacted] Page [redacted]

ER 0465

roblem #1 (statement) Lacks knowledge of community & resources.

(elaboration): Pt recently left wife - area familiar to him & has no knowledge of community. will need resources of food, shelter & employment or disability.

rsing Diagnosis or Collaborative Issue

te	Method/Staff Approaches	Short Term Goal Measurable outcomes/objectives	Target Date	Date Met	Responsible Personnel
95	SW to meet 2x weekly on unit 8 to discuss w/pt his plans to return to his area of residence or relocate to reno. Educate pt on local resources of housing, food, employment.	Pt will be able to state viable discharge plan to address basic needs of food, shelter, employment. L Farrar LSW	8/30/95		L Farrar LSW
5	SW will not contact pts wife in Washington at pts request to coordinate TX or discharge planning	Pt will let SW know when he is ready to contact his wife. L Farrar LSW	8/30/95		L Farrar LSW
95	AT STAFF TO PROVIDE COMMUNITY LEISURE EDUCATION AND AREA FISHING OVERVIEW PRIOR TO DC	DENNIS WILL DISPLAY TO AT STAFF ABILITY TO SHOW INTEREST IN PARTICIPATING IN FISHING ACTIVITIES VERBALLY 3X WEEKLY BY D. Shrip C.T.R.S.	8/30/95		D. Shrip CTR

Nevada Mental Health Institute
Inpatient Treatment Plan

Patient Name:
Case No:

Men. Health Recs.
T. Dennis 212

MR-187A

ER 0466

Problem #4 (statement) Post-Traumatic Stress Symptoms
(elaboration): history of abuse in childhood, physical and sexual

Nursing Diagnosis or Collaborative Issue

Date	Method/Staff Approaches	Short Term Goal Measurable outcomes/objectives	Target Date	Date Met	Responsible Personnel
5-95	Psychology will initiate 1:1 or small group interaction with Pt on unit to assist Pt in working through issues of past abusive events in a safe environment. He will be encouraged to recall, identify and reframe issues and their relationship to suicidal attempts and depressive symptoms.	Dennis will attend at least 2 of 3 scheduled groups for individuals with abuse history, at at least 50% participation.	9-15-95		J Quinn 2

Nevada Mental Health Institute
Inpatient Treatment Plan

MR-187A 8/92

Patient Name: Dennis, Terry
Case No:

Men. Health Recs.
T. Dennis 213

ER 0467

Date: 8/29/95

Diagnosis: Change ☐ Unchanged ☐

New Diagnoses: Axis I _____

Axis II _____ Axis III _____ Axis IV _____ Axis V _____

Reason for change: _____

Problem Number	Problem	No Change	Minimal Change	Moderate Change	Significant Change	Resolved	Controlled	Description
/29/95	Depressive Symptoms			X				pt able to have bright affect deny SI, ~~part~~ interact c others
/29/95	Lack of Knowledge of Comm.				X			Pt has lists of resources
	Resourses							
	Thought Disorganiz.				X			denies hallucin.
	PTSD symptoms			X				↑sleep, ↓nightmares
	ETOH abuse		X					Pt refuses AA at this time.

Terry G. Dennis
Patient's Signature

Arkins M.D.
Physician's Signature

Multidisciplinary Staff:

F Nojang RN

[illegible]

Leila Lanan LCSW

Shelley R Bryant LCSW

[illegible]

Men. Health Recs.
T. Dennis 214

NEVADA MENTAL HEALTH INSTITUTE

TREATMENT PLAN REVIEW

170

7/92

TS, TERRY
11-14-46 48 M/W
8-13-95

ER 0468

DATE OF ADMISSION: August 19, 1995

REASON FOR ADMISSION:

The patient apparently took a quantity of Ativan in a suicide attempt and was taken to St. Mary's Emergency Room by ambulance. The patient was placed on a Legal 89 and transported to Nevada Mental Health Institute. The patient reports a history of depression. The patient recently left his wife in Seattle, Washington and moved to Reno for unknown reasons. He has been in the local area for approximately one and one half weeks. The patient seems to have a history of suicide attempts whenever he is presented with problems in which he lacks adequate resources to address the issue at hand.

ANTICIPATED DISCHARGE/AFTERCARE ISSUES TO ADDRESS:

1. The patient to decide whether to return Seattle, Washington or relocate to the Reno area.
2. If the patient relocates to the Reno area, he will need to be educated on resources and how to access them in regard to food, shelter and employment.
3. The patient also has a history of drug abuse, which he presently denies use of. He has a history of alcohol abuse, which he acknowledges creates problems with his present situation. The patient has been ordered to rehabilitation programs on two previous occasions and does not want to obtain any further rehabilitation at the present time.
4. The patient does not want contact, nor does he want the social worker to contact his wife at the present time. He will think about this prior to discharge.

Linda Farrar LCSW / 8/22/95 530
Linda Farrar, LCSW /DATE TIME

LF/eg
D: 08/21/95
T: 08/22/95

ER 0469

WCPD

Men. Health Recs.
T. Dennis 215

NEVADA MENTAL HEALTH INSTITUTE

INITIAL DISCHARGE PLAN

DENNIS, TERRY
02-59-81

Date	Group Attended	Group Theme/Comments	Willingness to Participate	Participation	Affect
AUG. 19	D. BLACK, MHT-1 M.C. GOMEZ, MHT-3 Signature	▷SATURDAY NIGHT MOVIE: REFRESHMENTS INCL.	3	3	3
8/20/95	Signature	Music group	3	1	2
8/20/95	K. Morgan Signature	Adl's recovery group	3	3	3
8/20/95	K. Morgan Signature	Aux group	3	3	3
AUG. 20	N. RALSTON, MHT-1 M.C. GOMEZ, MHT-3 Signature	▷SUNDAY NIGHT MOVIE.	3	3	3
8/21/95	Signature	Bingo	3	1	1
8/22/95	Signature	Cooperative Competition	3	1	1
8/22/95	K. Houston Signature	Eve. Recl / Team Games	1	1	1
8/23/95	K. Houston Signature	AM Exercises	1	1	1
8/23/95	K. Houston Signature	Leisure Ed.	1	1	2

Codes:

ER 0470

Willingness to Participate
1. Shows outward enthusiasm
2. Shows outward negativity
3. Quiet
4. Did not attend
5. Other, please state

Participation
1. Participates freely
2. Participates w/prompting
3. Withdrawn
4. Refuses to participate
5. Other please state

Affect
1. Bright
2. Blunted/neutral
3. Flat/depressed
4. Angry
5. Other, please state

NEVADA MENTAL HEALTH INSTITUTE

PATIENT GROUP EDUCATION

MR 173 03/95

Men. Health Recs.
T. Dennis 216

Date	Group Attended	Group Theme/Comments	Willingness to Participate	Partici-pation	Affect
8/23/95	K. Houston ATA II Signature	Bus Rec / Trivia	1	1	1
8/24/95	K. Houston ATA II Signature	Bus Rec / Dance	3	3	2
8/25/95	K. Houston ATA II Signature	Exercises	3	1	2
8/25/95	Kmurphy ATA II Signature	World good affairs discuss.	1	1	1
8/25/95	[illegible] Signature	ADL COFFEE REWARD	3	1	1
8/27/95	[illegible] Signature	Music group	1	1	1
8/27/95	[illegible] Signature	ADL COFFEE REWARD	1	1	1
AUG. 26	D. BLACK, MHT-7 M.C. GOMEZ, MHT-3 Signature	SATURDAY NIGHT MOVIE: REFRESHMENTS INCL.	1	1	1
8/28	R. Brown ATA-EEP Signature	HM Exercises	1	1	1
8/28	K. Morgan Signature	discharge planning	1	1	1

Codes:

ER 0471

Willingness to Participate
1. Shows outward enthusiasm
2. Shows outward negativity
3. Quiet
4. Did not attend
5. Other, please state

Participation
1. Participates freely
2. Participates w/prompting
3. Withdrawn
4. Refuses to participate
5. Other please state

Affect
1. Bright
2. Blunted/neutral
3. Flat/depressed
4. Angry
5. Other, please state

NEVADA MENTAL HEALTH INSTITUTE

PATIENT GROUP EDUCATION

MR 173 03/95

Men. Health Recs.
T. Dennis 217

Date	Group Attended	Group Theme/Comments	Willingness to Participate	Partici-pation	Affect
8/26/95	K. Murphy ATAII Signature	Bingo	1	1	1
8/28	K. Murphy ATAII Signature	Creative Arts	1	1	1
8/29/95	K. Murphy ATAII Signature	Coop - Competition	1	1	2
8/25/95	K. Hansen ADRL Signature	Eve Rec./ Tambourine	1	1	1
8/29/95	K. Hansen ATAII Signature	" "	1	1	1
8/30/95	K. Hansen ATAII Signature	Exercises	1	1	1
	Signature				
	Signature				
	Signature				
	Signature				

Codes:

ER 0472

Willingness to Participate
1. Shows outward enthusiasm
2. Shows outward negativity
3. Quiet
4. Did not attend
5. Other, please state

Participation
1. Participates freely
2. Participates w/prompting
3. Withdrawn
4. Refuses to participate
5. Other please state

Affect
1. Bright
2. Blunted/neutral
3. Flat/depressed
4. Angry
5. Other, please stat

NEVADA MENTAL HEALTH INSTITUTE

PATIENT GROUP EDUCATION

MR 173 03/95

Men. Health Recs.
T. Dennis 218

25971

[illegible], TERRY
[illegible]-46 48 [illegible]
[illegible]-12-95

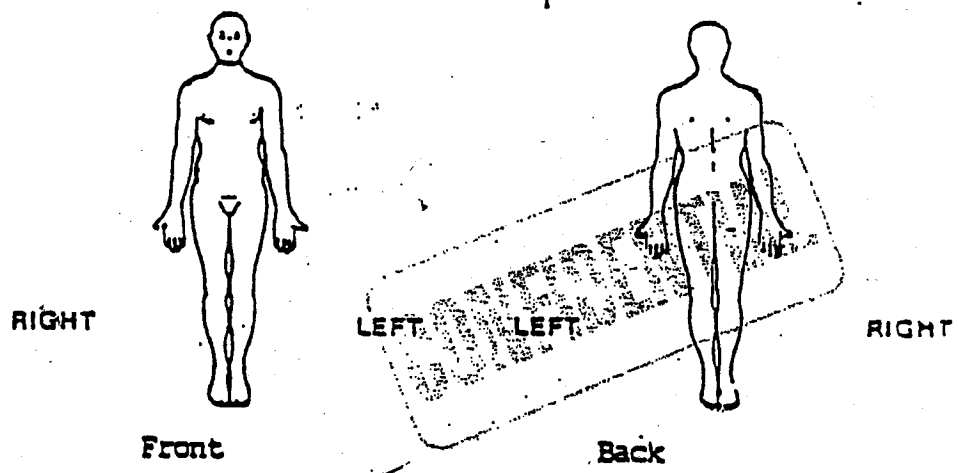
INITIAL ADMISSON RECORD
(to be done on admission to the unit)

Date/Time 8/19/95 - 25.00 Age 48 Race White Sex Male
Measured Height 6'0 Scale Weight 180 T 97.6 P 88 R 18 B/P 118/80
Eyes Hazel Hair gray brown Glasses ~~None~~ Dentures None
Other Prostheses: None Allergies None

General Appearance:

Clean____ Poor Personal Hygiene____ Obese____ Appropriate Dress____
Neat____ Disheveled____ Emaciated____ Inappropriate Dress____
Comments: pleasant + cooperative during admission

A. Abrasion
B. Burn
D. Decubitus
F. Fracture
L. Laceration
O. Ostomy
R. Rash
S Scar(s)
U. Ulceration
T. Tattoo



ORIENTATION:

Patient oriented to unit? Yes ✓ Deferred____
Patient oriented to program/rules? Yes ✓ Deferred____
Patient handbook given: Yes ✓ Deferred____
If any of the above deferred, why?____
Belongings searched by: Wallace Henry PHT
Admission shower supervised by:____ Time____
Special precautions ordered, identify:____
State reason if unable to complete:____

Men. Health Recs.
T. Dennis 219

Wallace Henry PHT
Signature

A. McGuire
Countersigned by Registered Nurse

NEVADA MENTAL HEALTH INSTITUTE

ADMISSION RECORD/PROGRESS NOTE

MR 109 Rev. 11/90

DENNIS, TERRY
10-14-46 48 M/W
8-19-95
25921

R.N. Admission Note

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8/19/95	RN	1	D) "I made a serious suicide attempt. I seriously wanted to take my own life" Vague as to stressors - feels dominated - but won't elaborate.
			A) States in pt 4 hx in 1956 while in serv. Doesn't know Dx. States took pills at 50-90 (Vague)
			Med cla. By St Mer - Eng - normal. Med Hx - States in serv. Back approx 3 yrs ago - Dental prob. Doesn't feel suicidal @ this moment.
			P) Admit to 8 So. Place on GHRP. [illegible]

Men. Health Recs.
T. Dennis 220

INSTRUCTIONS: Please cross off space not utilized by the R.N. Admission Note.

NEVADA MENTAL HEALTH INSTITUTE

ADMISSION RECORD/PROGRESS NOTE

MR 109 Rev. 11/90

M/W 48 8-19-95 10-14-46 DENNIS, TERRY

T0652

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8/19/95	RW	6	

ER 0475

Does patient have a completed "Durable Power of Attorney for Health Care" or a "Declaration"? yes ___ no ✓

Patient provided with a copy of brochure "Advance Directives The Patient's Right to Decide" yes ✓

Patient provided blank copy of "Durable Power of Attorney for Health Care" and "Declaration" yes ___ no ✓

Signature [signature] Date 8/19/95 Time 0415

HISTORY AND PHYSICAL EXAM COMPLETED

HISTORY AND PHYSICAL EXAM COMPLETED

8/19/95 1300

HISTORY AND PHYSICAL EXAM COMPLETED [signature]

8/19/95 515 RN #1

(D) Seen by MD & Nsg staff, stated his problem to be poor coping skills "I don't have a way of dealing c̄ my emptions, at least adequately" states he is homeless, ∅ money, have a hx of suicide attempt and gestures, currently isn't ~~SI~~ sucidal, related a hx of poly substance abuse, ~~Attended~~ AA c̄ ∅ (+) results, hears voices at times — A & O X 3, flat affect c̄ fair insights

(A) Ineffective coping skills AEB ETOH abuse

(P) DC GHRP, provide pt education on (+) coping skills — [signature] RN

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109 - A Rev. 2/90

Men. Health Recs.
T. Dennis 221

25981

DENNIS, TERRY
17-14-46 48 M/W

TIME	DISC.	#	PROGRESS NOTES
7195	RN	1	D: Pt relative on unit angry affect
240			initially. More coop and pleasant
			when his needs were met i.e. wants
			to know where his clothes were
			a wash them. Also stated eyes hurt
			and wanted/given sun glasses
			States he has been reading to keep
			himself busy. No suicide ideation
			or gestures noted. Less angry when
			approached to assist c̄ problem
			solving
			A: Pt able to express frustrations
			c̄ staff approaching 1:1
			P: Cont to approach & shift to assist
			pt c̄ expressing feelings & problem solving
			B Gentry
195	RN	#1	(D) In bed quiet no ED distress
40			(A) slept well
			(P) continue q 1 observation
-45 45	MHT	#1	D: I'm feeling much better. Pt. has been a little
			more active on the unit did attended group activity
			smiles easily when approached eating very well
			A: pt. appears brighter, less depressive
			symptoms evident
			P: 1 to 1 as needed observe & record
			K. Morgan MHT-3

EVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☑ Inpatient ☐ Outpatient

109 - A Rev. 2/90

25931

Men. Health Recs.
T. Dennis 222

DENNIS, TERRY
10-14-46 48 M/W
8-19-95

ER 0476

DATE/TIME	DISC.	PROBLEM #	PROGRESS NO
8/20/95 21:00	RN	1	D: "I feel a lot better". PT had been keeping to self but was pleasant & talked to staff when approached - minimal interaction toward peers, but participating in unit programs. Is watching movie at present c̄ bright affect. A - Less depressive symptoms noted this PM. P - Assist & support as needed. Explain to PT the benefits of verbalization ~~(...)~~ of his feeling. Kh[illegible] RN
8/21/95 0400	RN	#1	(D) In bed quiet no [illegible] distress (A) slept well (R) continue g/o observation
8-4-95 300	MHT	1	D) Client has been calm + low key. Sitting quietly out in the dayroom. Social w/ selectness cooperative with staff requests when approached. No management problems. D) Client is quite + calm at this time. No evidence of prob #1 to this writer at this time. D) observe client for any signs of self-harm

[signature]

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

25931

WCPD

DENNIS, TERRY
10-14-46 43 [illegible]
8-19-95

Men. Health Recs.
T. Dennis 223

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8/21/95	MD	1	Pt states he becomes suicidal intermittently & he can't remember the last time he felt happy. Pt also gives hx of physical & sexual abuse by foster brothers. He reports intrusive thoughts about the episodes (pt was 8 yrs old) He has hx of violent outbursts, substance abuse. Pt ~~desert~~ states he doesn't remember his dreams but often has trouble coming to sleep
1600			(A) Depressive Disorder NOS Post Traumatic Stress Dis. R/O Borderline Personality Disorder
			(P) As pt denies sleeping difficulties here, will not start meds at this time. Asked pt to define his expectation for what will change to get him ready for discharge. K. Atkins M.D.

ER 0478

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

Men. Health Recs.
T. Dennis 224

25971

DENNIS, TERRY
12-14-46 48 M/W
8-19-95

(01-4061)

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
8/21/95	Psych	1	Intake assessment
0430			(S) Client was interviewed and an intake assessment completed. His CC is suicidal ideation. He has made several attempts c̄ either CO2 or OD. Client has a hx of depression & mental health difficulties as well as assault & Prision Time.
			(A) Client is struggling c̄ depression but doesnt report PTSD type Sx. ETOH & Drug abuse. SI.
			(P) Meet c̄ Client concerning his depression & the relationship to activity level — MR [illegible]
8/21/95	SW	2	D. Spoke w/pt to obtain information for a psychosocial assessment to plan TX & discharge options.
1710			A. pt depressed due to recent arguement w/wife who resides in Seattle. Pt also has Hx of drug & alcohol abuse. Denies recent drug use but acknowledges alcohol abuse and how it has impacted his present situation. Pt new to area & lacks knowledge of community & access to resources.
			P. Pt to decide where he will reside. SW to educate pt on resources & how to access them if he decides to relocate to Reno. Pt refuses contact by him and SW w/wife in Seattle. [illegible] LSW

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PROGRESS NOTES

☐ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

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DENNIS, TERRY
11-14-46 48 M/W
8-19-95

Men. Health Recs.
T. Dennis 225

ER 0479

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8/21/95 2030	RW	1	D) Blunted affect. Keeping to himself. States his depression comes & goes. Denies suicidal ideation c/o slight pressure in chest. No radiating pain. No diaphoresis. Within 2-3 minutes pt stated the pressure was gone further checking c̄ pt 45 min later pt denied any pain or discomfort. A) depressed. Chest pain - B/P 122/80, P 80 P) 1:1 for verbalization of feelings. Pt teaching concerning (+) coping methods for depression. Monitor possible further chest pain. [signature]
8/22/95 0400	RS	4	(1) In bed quiet no [illegible] [illegible] (2) sleeptwell (3) continue q/s observation [signature]
8/22/95 0950	AT	2	PT VERY COOPERATIVE C̄ AT ASSESSMENT. PT LOVES FISHING, GAMBLING AND POSSIBLY DRINKING. CURRENTLY FEELS NO FUTURE IS POSSIBLE AND IS VERY DEPRESSED. PT HAS FEW OTHER LEISURE SKILLS, TENDS TO BE UNSOCIAL AND IS ASKING FOR HELP AT THIS TIME. FOCUS OF AT SESSIONS TO INCLUDE LEISURE EDUCATION ON FISHING POSSIBILITIES AND IMPROVE SELF CONFIDENCE THROUGH LEISURE COUNSELING. TX PLAN COMPLETED 8/22/95. — D. [signature] CTRS

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

25901

[illegible] TERRY
1-14-46 48 M/W
8-19-95

Men. Health Recs.
T. Dennis 226

ER 0480

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
8/22/95 1145	MD RN Psych SW		D) Pt was seen by TX team this morning. Diagnosis, TX Plan and TX goals & objectives were reviewed with pt. He expresses "I'm afraid to leave here". "I need to get this crap in my head straightened out". Pt. also expresses concern about his lack of ability to sleep at night. Pt asked about anti-depressants — will address ≡ Dr. later. A) Pt wore dark glasses. Affect was defensive & angry. Cooperated in listening & focused. P) Continue TX Plan. — Shelly R Bryant LCW
8/22/95 1530	M.D.		Pt c/o voices that either denigrate him & tell him people are looking at him or tell him to "just do this" when he's suicidal. Pt denies SI today but feels there's nothing to live for. He has hx of overdosing on medication in the past (A) R/O Depression ≡ Ψ features (P) Trilafon 8mg po qhs Paxil 20mg po qam Cogentin 1mg po qhs Consent signed K. Atkins M.D.

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

25981

[illegible] TERRY
[illegible]-14-46 48 M/W
8-19-95

Men. Health Recs.
T. Dennis 227

ER 0481

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8/22/95 1930	MD	Clinic	1) Poor urine specimen: Pt c̄ few bacteria, and poor spec. O esterase or nitrite noted. ? hygiene
			a) Push fluids
			b) Encourage hygiene
			2) ETOH abuse — 6 pack beer pd. Pt c̄ noted signs of hepatic involvement c̄ previous hx IVDA
			* R/O Possible hepatitis vs ETOH ∆'s. Pt c̄ ↑ SGPT > SGOT. c̄ GGT 175. (+) hx
			a) Hepatitis precautions until hep panel back.
			b) Hep a,b,c,d panels
			c) push fluids — Seen MD
8/22/95 2245	MHT	1	D. Patient calm and pleasant, social c̄ staff and peers. Patient attended Rt 20 questions game group this pm. patient attending court yard breaks
			A. Patient has bright affect interacting c̄ peers.
			P. Assist and provide a safe and therapeutic setting. interact 1:1 to allow verbalization of feelings. D. Hamt MHT 3
8-23-95 0441	MHT	1	D: Patient in bed quiet.
			A: Patient resting.
			P: Wake at 06 95 for breakfast.
			G. Farnsworth MHT 3

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

Men. Health Recs.
T. Dennis 228

25[illegible]1

[illegible], TERRY
1[illegible]-14-46 48 M/W
8-19-95

ER 0482

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8-23-95 1400	MHT	#1	D) Pt has spent time playing cards social c̄ select peers. Has voiced no complaints - eating well. Converses easily c̄ staff A) brighter less depressed P) Hold as needed observe & record K. Morgan MHT 3
8/23/95	MHT	1	D. Patient has been social and cooperative attending Rt group and playing cards c̄ staff and peers. Patient watching tv in the late evening c̄ peers. A. Patient has bright affect and appears in good mood. P. Assist and provide a safe and structured setting. D. [illegible] MHT 3
24/95 [illegible]	MHT	#1	D-Patient lying down in bed, eyes closed A Resting P Continue to observe and record. Walker Henry MHT 4
24-95 3:00	MHT	1	D) Client has been quite, calm no management problems. Social w/ select peers. Cooperative w/staff A) Client is quite + calm no outward evidence of Depressive Symptoms. P) Client to be observed by staff for any signs of self harm. [illegible]

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

259[illegible]1

Men. Health Recs.
T. Dennis 229

[illegible], TERRY
[illegible]-14-46 48 M/W
[illegible]-19-95

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8/24/95 2215	MHT	1	D) Spent the evening watching TV + socializing c̄ select peers. Pt is calm + cooperative when approached. Attended Rt group did not participate. Flat affect. A) Depressive symptoms improving. P) Continue present tx plan + assist as needed. — B. Williams MHT 3
8/25/95 0500	MHT	#1	D Patient lying in ~~eyes~~ ennuh bed, eyes close A Resting. P Continue to observe and record. — Wallace Henry MHT 4
8/25/95 1315	SW	#2	D) SW met c̄ pt yesterday regarding after-care planning. He states "I might have job" He was vague. He stated later in conversation that his "job might be in Elko". Pt refuses to sign a release for SW to contact his wife. He states "I'm not going back to Seattle" He was given education regarding community resources + an assignment to come up with a formal plan regarding D/C by Monday Am. — A) Pt somewhat quiet + indecisive. P) Continue TX Plan. — Shelly R Bryant 4

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

Men. Health Recs.
T. Dennis 230

25901

DENNIS, TERRY
12-14-46 48 M/V
8-19-95

ER 0484

ATE/TIME	DISC.	PROBLEM #	PROGRESS NO[illegible]
8/25/95 1345	MHT	1	D. PT SOCIAL. PLAYS TABLE GAMES C̄ PEERS. PARTICIPATES IN UNIT PROGRAM.
			A. ~~PTS SHOWS NO~~ ERR R.D. PTS THOUGHTS SEEM CLEAR NO DEPRESSION NOTED.
			P. ASSIST PT WHEN NEEDED. [signature]
8/25/95 1650	A1	2	(B) PT PROVIDED C̄ COMMUNITY LEISURE EDUCATION RELATING TO LOCAL FISHING HOLES + TYPES OF BAITS, LURES + FLIES. PT ENJOYING POKER GAMES C̄ THE "BOYS" AND IS SHOWING MORE INTEREST IN COMING OUT OF HIS "SHELL".
			(A) PT SMILING AND PARTICIPATING IN GROUP ACTIVITIES. - STILL HAS NO FUTURE PLANS.
			(D) CONTINUE C̄ PLAN - ENCOURAGE CONTINUED PARTICIPATION IN GROUP AND SOCIAL ACTIVITIES. [signature] C.T.R.S.
5/95 1[illegible]0	SW	2	D. Spoke w/pt about his discharge plans. Pt feels he has a job possibility elsewhere in NV + will know by 8/27. He refuses family/wife contact + does not plan to return to Seattle.
			A. appears to have positive outlook + looking forward to starting anew.
			P. Pt to discuss diffnte discharge plans w/SW on 8/27. [signature] LCSW
08-25-95 2200	MHT	NO. 1	D) PATIENT HAS BEEN FRIENDLY & SOCIAL C̄ SELECT ♂ PEERS ON THE UNIT. HIS AFFECT IS PLEASANT & APPROPRIATE ON THE UNIT. HE PARTICIPATED IN TONIGHT'S RT GROUP.
			A) DEPRESSIVE SYMPTOMS ↓.
			P) PATIENT WAS PRAISED FOR HIS GROUP PARTICIPATION. — M.C. GOMEZ, MHT-3.

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

[illegible] TERRY
10-1[illegible]-46 43 M/W
8-1[illegible]-95

ER 0485

Men. Health Recs.
T. Dennis 231

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8-26-95	MHT	1	D. Resting comfortably.
0445			A. No problems noted.
			P. Cont to check every hour. M. [illegible]
8/26/95	RN	1	D: "I feel fine now" Is playing
1700			table games c peers - Pleasant
			affect when talking: Mood calm -
			thoughts are organized when carry
nursing			the conversation - Stated to social worker KN he will possi-
update			ble find the job in NV & did not
			want to come back to Seattle,
			Does not want to contact c fam
			still.
			A - No depressive symptom noted
			at present time - Improved in thought
			organization - Mood is calm & stable
			P - Assist & support as needed
			K Kruger RN
8/27/95	MHT	#1	D Patient lying in bed eyes
0500			close
			A Resting
			P Continue to observe and
			record
			Wallace Henry MHT
8/29/95	MHT	1	D. PT SOCIAL & COOPERATIVE. BRIGHT AFFECT.
1330			A. PT IMPROVED.
			P. FREQUENT 1:1S GOOD RESULTS.
			[signature]
8/28/95	MHT	1-3	D "I'm feeling better w/ the meds I've
2120			been taking"

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

DENNIS, TERRY
12-14-46 48 M/W
8-19-95

ER 0486

Men. Health Recs.
T. Dennis 232

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8-28-95 2:20	MHT	1-3	(A) Patient is socializing well, still cynical but with more humor than usual. (P) Follow to a planned — Laura Horen MHT I
8-28-95 0500	MHT	1	D: Patient in bed, quiet A: Patient resting P: Wake at 0615 for breakfast. S. Farnsworth MHT3
8/28/95 1400	MHT	1	D) Pt. alert & oriented in all spheres; his grooming is good - showered & did laundry today. He relates: "I feel fine now" when asked how he is doing - social & peers. A) Fewer depressed symptoms P) Supportive reality therapies adherence to Tx Rx will observe & report. Encouraged pt. to develop coping skills re: his anxiety & depression. R Jordan MHT3
8-28-95 3:20	PhD	4	(D) Pt seen briefly to discuss participation in abuse group with Dr. Moore. Pt mood and affect mildly dysphoric. Pt has an adequate sense of humor and is appropriately alert to activities on unit, which claimed most of Pts eye contact and cognitive attention. Pt free of major depressive indices at this contact. (A) dysthymia, addictive personality, MSE=WNL (P) Transfer to psychology staff on Pt team to assist in abuse and mood management issues. [illegible]

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

25901

DENNIS, TERRY
12-14-46 48
8-19-95

WCPD

Men. Health Recs.
T. Dennis 233

ER 0487

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES

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PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

25971

DENNIS, TERRY
12-14-46 48
8-12-95

ER 0488

Men. Health Recs.
T. Dennis 234

DATE/TIME	DISC.	PROBLEM	PROGRE NOTES
8/28/95 2230	MHT	1	D. Patient Social, interacting, playing cards c̄ staff and peers. Patient attended Rt. bingo group and courtyard smoke breaks. A. Patient appears in good mood c̄ bright affect. No depression noted. P. Assist And provide a safe and therapeutic setting interacting 1:1 to allow verbalization of feelings — D. Lamb MHT3
8-29-95 0517	MHT	1	D: Patient in bed quiet. A: Patient resting. P: Woke at 0615 for breakfast. G. Farnsworth MHT3
8/29/95 0915	Lyc		D Met c̄ client Briefly on 8S. He was able to Understand some of the instruction given him on a cerebral level. He is able to recognize that decreased pleasurable activities are participating in depression. However he does not look up c̄ the drinking relationship on a practical level. A Client shows incremental progress in Understanding. P Continue to work on Practical Application — M.K. Dough [illegible]
8/29/95 1015 TX TEAM			D. Pt seen by TX team to assess pt readiness for discharge. He reports no voices, has knowledge of community resources to follow up w/ hepatitis, shelters, food banks, Haven of Hope & substance abuse rehab programs. Pt denies significance of his alcohol problem & refuses referral. Cont. [illegible]

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PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

ER 0489

25921

Men. Health Recs.
T. Dennis 235

DENNIS, TERRY
10-14-46 48 [illegible]
[illegible]

DATE/TIME	DISC.	PROBLEM #	Cont Tanar LCSW PROGRESS NOTES
8/29/95			A. Pt reports bright affect & no suicidal /
1015			homocidal ideation. Pt agrees he is
TX TEAM			ready for discharge. No psychosis evident
			Pt reports his depression has lifted.
			P. Pt to be opened to out pt GMC & COCS for
			follow up w/meds & counseling. Pt agrees
			to discharge on 8/30/95 L Tanar LCSW
			F Bigman RN S Kelly R Bryant LCSW
			M.K. Houghton PSD [illegible]
			[illegible]
			K. Atkins M.D.
8-29-95	MHT	1	D. Patient has been pleasant and coo-
2210			perative attending Rt group and social-
			ring c̄ staff and peers.
			A. Patient alert and oriented has bright
			affect and in good mood.
			P. Assist and interact 1:1 to allow
			verbalization of feelings and assess
			mental status. — P. Lamb MHT3
8-30-95	MHT	1	D: Patient in bed quiet.
0505			A: Patient resting
			P: Wake at 0615 for breakfast
			G. Farnsworth MHT3

Men. Health Recs.
T. Dennis 236

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☑ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

ER 0490

25921

[illegible] 1[illegible]-14-46 48 [illegible]
8-19-95

DATE/TIME	DISC.	PROBLEM	PROGRESS NOTES
8/30/95 1030	RN	#	(D) pt has been calm & friendly, speech & thoughts are clear & coherent, denies SI/HI or intent, ~~disc~~ discussed his need to seek tx for ETOH & drug use, pt stated he doesn't need tx & he will just stay away from polysubstance use even when offered — staff informed him that he had tried that a.c & it's work, he should try a rehab program, pt was advised to seek counseling for his PTSD symptoms which he agreed he would, denies depressive symptoms, "I'm feeling great today, when can I go." was given bus tickets from unit supply, pt given resource information to seek help c̄ his newly dx: hepatitis B & C; pt advise to call ~~c̄~~ WCHD at 328-2447 to speak to the communicable disease specialist, pt is A40 x 4, bright affect c̄ fair insights —
		DC Note	(A) Improved depressive symptoms & clear thought process, ~~c̄~~ signs of acute distress noted —
			(P) DC as ordered c̄ all personal items, see MR 189 — F. Nojang RN

25001

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

[illegible] TERRY
[illegible]-14-46 48 M/W
8-1[illegible]-95

ER 0491

Men. Health Recs.
T. Dennis 237

DATE/TIME	DISC.	PROBLEM #	PROGRESS NOTES
8/30/95	SW	2/5	D. wole w/pt to provide community resources
1600			for medical follow up & educate pt on
			importance of follow up w/ this condition.
			Pt has plans to stay at the Center St Mission
			& obtain employment. Pt continues to refuse
			SW to contact any family, preferring to handle
			his own life & problems independent of
			family. Pt never removed his hat or sun-
			glasses on unit as observed by this SW.
			A. denies substance abuse as a problem &
			its relation to his life & present situation
			of employment, relationships, housing, dep-
			ression etc.)
			P. Pt to be discharged today w/referrals to
			GMC & CM. Refuses counseling & rehab
			services. Functional needs were addressed
			w/referrals to employment services in
			local community. Pt refused to address
			relationship issues. L. Fanar LCSW

NEVADA MENTAL HEALTH INSTITUTE

PROGRESS NOTES

☒ Inpatient ☐ Outpatient

MR 109-A Rev. 2/90

TERRY
4-46 48 M/W
-35

ER 0492

Men. Health Recs.
T. Dennis 238

VADA MENTAL HEALTH
0 GALLETTI WAY
ARKS, NV. 89431

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ALL TESTING PERFORMED AT CENTRAL LABORATORY UNLESS NOTED.

MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

REGIONAL DIRECTOR
WILLIAM G. McKNIGHT

3, TERRY

PATIENT ID: 25981
DOB: 10/14/46 SEX: M

QA CHECKED: SDP
ACCN # : A0432571
COLLECTED: 08/21/95 06:40
RECEIVED: 08/21/95 09:10
REPORTED: 08/21/95 15:58

KR 8/22/95 SD

KINS
ST PROCEDURES
EMISTRY PANEL

	RESULTS	REFERENCE RANGE	UNITS	TL
SODIUM	140	135 - 145	MEQ/L	
POTASSIUM	4.0	3.6 - 5.5	MEQ/L	
CHLORIDE	102	96 - 112	MEQ/L	
TOTAL BILIRUBIN	0.5	0.1 - 1.5	MG/DL	
ALKALINE PHOSPHATASE	89	37 - 125	U/L	
LDH TOTAL	(H) 232	50 - 210	U/L	
GAMMA GT	(H) 175	7 - 51	U/L	
SGOT	(H) 71	12 - 45	U/L	
SGPT	(H) 163	2 - 50	U/L	
CALCIUM	8.6	8.4 - 10.2	MG/DL	
PHOSPHORUS	4.4	2.5 - 4.5	MG/DL	
BUN	13	8 - 22	MG/DL	
CREATININE	0.9	0.5 - 1.4	MG/DL	
BUN/CREATININE RATIO	14.44			
URIC ACID	5.9	2.5 - 9.2	MG/DL	
TOTAL PROTEIN	6.7	6.0 - 8.2	GM/DL	
ALBUMIN	4.1	3.4 - 4.8	GM/DL	
GLOBULIN	2.6	1.9 - 3.5	GM/DL	
A/G RATIO	1.6	1.1 - 2.4		
GLUCOSE	83	60 - 115	MG/DL	
CHOLESTEROL	(H) 212	<200	MG/DL	
TRIGLYCERIDES	90	<250	MG/DL	
IRON	89	46 - 196	MCG/DL	

MPLETE BLOOD COUNT

IGRAM

WBC	8.5	4.8-10.8	TH/MM3
RBC	5.14	4.70 - 6.10	MI/MM3
HEMOGLOBIN	15.3	14.0 - 18.0	GM/DL
HEMATOCRIT	45.8	42.0 - 52.0	%
MCV	89.1	80 - 100	FL
MCH	29.9	27 - 33	PG
MCHC	33.5	32 - 36	G/DL
RDW	14.0	12.0 - 16.2	%
PLATELET COUNT	325000	140000-440000	MM3
MEAN PLATELET VOLUME	7.9	6.8 - 9.6	FL

DIFFERENTIAL

POLYS	58	48-73	%
LYMPHOCYTES	25	18-48	%
MONOCYTES	9	0-9	%
EOSINOPHILS	(H) 7	0-6	%
BASOPHILS	1	0-3	%

ER 0493

Men. Health Recs.
T. Dennis 239

1

EVADA MENTAL HEALTH
30 GALLETTI WAY
PARKS, NV. 89431

RIGINAL C60392

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ALL TESTING PERFORMED AT CENTRAL LABORATORY UNLESS NOTED.

MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

REGIONAL DIRECTOR
WILLIAM G. McKNIGHT

'S, TERRY

PATIENT ID: 25981
DOB: 10/14/46 SEX: M

QA CHECKED: SDP
ACCN # : A0432651
COLLECTED: NO DATE
RECEIVED: 08/21/95 09:22
REPORTED: 08/22/95 07:11

RA 8/22/95 830

PIRO
EST PROCEDURES
RINE DRUG SCREEN #1250

	RESULTS	REFERENCE RANGE	UNITS	TL
AMPHETAMINE/METHAMPHETAMINE	NEGATIVE			
BARBITURATES	NEGATIVE			
BENZODIAZEPINES	NEGATIVE			
COCAINE METABOLITE	NEGATIVE			
CODEINE/MORPHINE	NEGATIVE			
MARIJUANA METABOLITE	NEGATIVE			
PHENCYCLIDINE (PCP)	NEGATIVE			

THE ABOVE COMPOUNDS WERE SCREENED BY IMMUNOASSAY AT THE FOLLOWING THRESHOLDS:

AMPHETAMINE/METHAMPHETAMINE	1000 NG/ML
BARBITURATES	200 NG/ML
BENZODIAZEPINES	200 NG/ML
COCAINE METABOLITE	300 NG/ML
CODEINE/MORPHINE	300 NG/ML
MARIJUANA METABOLITE	50 NG/ML
PHENCYCLIDINE	25 NG/ML

THE RESULTS ARE INTENDED FOR MEDICAL DIAGNOSTIC PURPOSES ONLY. POSITIVES ARE UNCONFIRMED AND ARE NOT INTENDED FOR LEGAL, DISCIPLINARY, OR ADMINISTRATIVE ACTION OF ANY KIND.

THIS SPECIMEN WAS RECEIVED WITHOUT A CHAIN OF CUSTODY.

UNLESS NOTIFIED IN WRITING TO THE CONTRARY:
ALL SPECIMENS WILL BE RETAINED FOR 7 DAYS FROM THE DATE OF REPORT.

INALYSIS COMPLETE

COLOR	YELLOW			
CHARACTER	HAZY			
PH	5.0		5 - 8	
SPECIFIC GRAVITY	1.022		1.003 - 1.035	
LEUKOCYTE ESTERASE	NEG			
NITRITE	NEG			
PROTEIN	NEG			
GLUCOSE	NEG			
KETONES	(*)	2+		
BILIRUBIN	NEG			
OCCULT BLOOD	NEG			
WBC	2		0 - 2	HPF
EPITHELIAL CELLS	2		0 - 3	SQ/HPF
BACTERIA	(*)	FEW		
RPHOUS	MOD			
IUM OXALATE CRYSTALS	FEW			
OTHER MICROSCOPIC ELEMENTS	SEEN.			

ER 0494

Men. Health Recs.
T. Dennis 240

EVADA MENTAL HEALTH
30 GALLETTI WAY
PARKS, NV. 89431

COPY 1 C60392

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1376 LEAD HILL RD., STE 130 • ROSEVILLE, CA 95661
(916) 774-8200 • (800) 225-4511

ALL TESTING PERFORMED AT CENTRAL LABORATORY UNLESS NOTED.

MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

REGIONAL DIRECTOR
WILLIAM G. McKNIGHT

S, TERRY
KA 8/24/95 0100A

PATIENT ID: 25981
DOB: 10/14/46 SEX: M

QA CHECKED: SDP
ACCN # : A0445891
COLLECTED: 08/23/95 06:40
RECEIVED: 08/23/95 08:42
REPORTED: 08/24/95 06:56

TKINS

TEST PROCEDURES	RESULTS	REFERENCE RANGE	UNITS	TL
HEPATITIS PANEL, COMPLETE WITH HEPATITIS C ANTIBODY				
HEPATITIS B SURFACE ANTIGEN	NEGATIVE	NEGATIVE		
HEPATITIS B CORE AB. IGM	PENDING			
HEPATITIS B CORE AB. TOTAL	PENDING			
HEPATITIS B SURFACE ANTIBODY	PENDING			
HEPATITIS BE ANTIGEN	PENDING			
HEPATITIS BE ANTIBODY	PENDING			
HEPATITIS A VIRUS AB. IGM	PENDING			
HEPATITIS C ANTIBODY	PENDING			

Results ✓CPD

ER 0495

Men. Health Recs.
T. Dennis 241

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PARKS, NV. 89431

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MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

REGIONAL DIRECTOR
WILLIAM G. McKNIGHT

S, TERRY

PATIENT ID: 25981
DOB: 10/14/46 SEX: M

QA CHECKED: SDP
ACCN # : A0445891
COLLECTED: 08/23/95 06:40
RECEIVED: 08/23/95 08:42
REPORTED: 08/24/95 06:56
REREPORTED: 08/25/95 07:04

KA 8/25/95 1400

KINS
ST PROCEDURES

PATITIS PANEL, COMPLETE WITH HEPATITIS C ANTIBODY	RESULTS	REFERENCE RANGE	UNITS	TL
* HEPATITIS B SURFACE ANTIGEN	NEGATIVE	NEGATIVE		
HEPATITIS B CORE AB, IGM	NEGATIVE	NEGATIVE		
HEPATITIS B CORE AB, TOTAL	PENDING			
HEPATITIS B SURFACE ANTIBODY				
HEPATITIS B SURFACE Ab	52	<2 = NEGATIVE	U/ML	
HEPATITIS BE ANTIGEN	PENDING			
HEPATITIS BE ANTIBODY	PENDING			
HEPATITIS A VIRUS AB, IGM	PENDING			
HEPATITIS C ANTIBODY	PENDING			

VADA MENTAL HEALTH
30 GALLETTI WAY
PARKS, NV. 89431

OPY 1 C60392

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MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

REGIONAL DIRECTOR
WILLIAM G. McKNIGHT

S, TERRY

RA 8/30/95 9007

PATIENT ID: 25981
DOB: 10/14/46 SEX: M

QA CHECKED: SDP
ACCN # : A0445891
COLLECTED: 08/23/95 06:40
RECEIVED: 08/23/95 08:42
REPORTED: 08/24/95 06:56
REREPORTED: 08/25/95 14:18

KINS

EST PROCEDURES	RESULTS	REFERENCE RANGE	UNITS	TL
EPATITIS PANEL, COMPLETE WITH HEPATITIS C ANTIBODY				
* HEPATITIS B SURFACE ANTIGEN	NEGATIVE	NEGATIVE		
* HEPATITIS B CORE AB, IGM	NEGATIVE	NEGATIVE		
* HEPATITIS B CORE AB, TOTAL	POSITIVE	NEGATIVE		
TEST RESULTS HAVE BEEN CHECKED AND CONFIRMED				
HEPATITIS B SURFACE ANTIBODY				
* HEPATITIS B SURFACE Ab	52	<2 = NEGATIVE	U/ML	
HEPATITIS BE ANTIGEN	PENDING			
HEPATITIS BE ANTIBODY	PENDING			
* HEPATITIS A VIRUS AB, IGM	NEGATIVE	NEGATIVE		
HEPATITIS C ANTIBODY	POSITIVE	NEGATIVE		

A POSITIVE HEPATITIS C ANTIBODY TEST MAY SUGGEST A RECENT OR PAST INFECTION WITH HEPATITIS C VIRUS, BUT DOES NOT CONSTITUTE A DIAGNOSIS OF NON-A, NON-B HEPATITIS. A NEGATIVE RESULT DOES NOT ULE OUT INFECTION WITH HEPATITIS C. IF HEPATITIS C IS STILL USPECTED CONSIDER REPEATING HEPATITIS C ANTIBODY TESTING EVERY WO MONTHS FOR A SIX MONTH DURATION.
TEST RESULTS HAVE BEEN CHECKED AND CONFIRMED

ER 0497

Men. Health Recs.
T. Dennis 243

VADA MENTAL HEALTH
0 GALLETTI WAY
ARKS, NV. 89431

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MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

REGIONAL DIRECTOR
WILLIAM G. McKNIGHT

3, TERRY

PATIENT ID: 25981
DOB: 10/14/46 SEX: M

8/28/95 8:45

QA CHECKED: SDP
ACCN # : A0445891
COLLECTED: 08/23/95 06:40
RECEIVED: 08/23/95 08:42
REPORTED: 08/24/95 06:56
REREPORTED: 08/25/95 13:48

KINS
ST PROCEDURES

	RESULTS	REFERENCE RANGE	UNITS	TL
PATITIS PANEL, COMPLETE WITH HEPATITIS C ANTIBODY				
* HEPATITIS B SURFACE ANTIGEN	NEGATIVE	NEGATIVE		
* HEPATITIS B CORE AB, IGM	NEGATIVE	NEGATIVE		
HEPATITIS B CORE AB, TOTAL	POSITIVE	NEGATIVE		
TEST RESULTS HAVE BEEN CHECKED AND CONFIRMED				
HEPATITIS B SURFACE ANTIBODY				
* HEPATITIS B SURFACE Ab	52	<2 = NEGATIVE	U/ML	
HEPATITIS BE ANTIGEN	PENDING			
HEPATITIS BE ANTIBODY	PENDING			
HEPATITIS A VIRUS AB, IGM	NEGATIVE	NEGATIVE		
HEPATITIS C ANTIBODY	PENDING			

8/25/95
BY

Men. Health Recs.
T. Dennis 244

9

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MEDICAL DIRECTOR
SAMUEL D. PARKS, M.D.

REGIONAL DIRECTOR
WILLIAM G. McKNIGHT

'IS, TERRY

PATIENT ID: 25981
DOB: 10/14/46 SEX: M

KA
8/28/95
9:00A

QA CHECKED: SDP
ACCN # : A0445891
COLLECTED: 08/23/95 06:40
RECEIVED: 08/23/95 08:42
REPORTED: 08/24/95 06:56
REREPORTED: 08/26/95 14:04

TKINS -

EST PROCEDURES	RESULTS	REFERENCE RANGE	UNITS	TL
EPATITIS PANEL, COMPLETE WITH HEPATITIS C ANTIBODY				
* HEPATITIS B SURFACE ANTIGEN	NEGATIVE	NEGATIVE		
* HEPATITIS B CORE AB, IGM	NEGATIVE	NEGATIVE		
* HEPATITIS B CORE AB, TOTAL	POSITIVE	NEGATIVE		
TEST RESULTS HAVE BEEN CHECKED AND CONFIRMED				
HEPATITIS B SURFACE ANTIBODY				
* HEPATITIS B SURFACE Ab	52	<2 = NEGATIVE	U/ML	
HEPATITIS BE ANTIGEN	NEGATIVE	NEGATIVE		
'EPATITIS BE ANTIBODY	POSITIVE	NEGATIVE		
TEST RESULTS HAVE BEEN CHECKED AND CONFIRMED				
* HEPATITIS A VIRUS AB, IGM	NEGATIVE	NEGATIVE		
* HEPATITIS C ANTIBODY	POSITIVE	NEGATIVE		

A POSITIVE HEPATITIS C ANTIBODY TEST MAY SUGGEST A RECENT OR PAST INFECTION WITH HEPATITIS C VIRUS, BUT DOES NOT CONSTITUTE A DIAGNOSIS OF NON-A, NON-B HEPATITIS. A NEGATIVE RESULT DOES NOT 'ULE OUT INFECTION WITH HEPATITIS C. IF HEPATITIS C IS STILL JSPECTED CONSIDER REPEATING HEPATITIS C ANTIBODY TESTING EVERY .WO MONTHS FOR A SIX MONTH DURATION.
TEST RESULTS HAVE BEEN CHECKED AND CONFIRMED

protected by
CFR Part 2)
otherwise
general
confidential for the purpose
any use of the
or prosecute
Released WCPD

~~MANDATORY SCREENING~~

Allergies: N.

Current medical status: Fairly good

Is the patient pregnant? ___ Yes ✓ No Given BCG? ___ Yes ✓ No

History of prior PPD? ___ Yes ✓ No

If yes, when? _____ Results of PPD _____

When was the patient's last chest x-ray? Does not recall

Country of origin USA

Is there a family history of TB? ✓ Yes ___ No (mother died of T.B.)

Has there been a recent exposure to a person with TB? ___ Yes ✓ No

SYMPTOM SCREENING

Persistent cough? ___ Yes ✓ No Duration _____
Sputum bloody? ___ Yes ✓ No Weight loss? ___ Yes ✓ No
Anorexia? ___ Yes ✓ No Night sweats? ___ Yes ✓ No
Fever? ___ Yes ✓ No

PPD TEST

PPD Mantoux 5 TU Manufacturer Connaught Labs Lot No. 32c2-11

Expiration date 11/26/96

Date given: 8/19/95 Time: 0500 Site: (L) Prox F.A.

Given by: [signature] Date read: 8/21/95.

Time: 2100 Induration in mm: (−)

Read by (To be read only by physician or RN): 8/21/95 ~~A.M.~~ 2100 [signature]

If not read at NMHI, date when test is to be read: _____

Place to be read: _____

EDUCATION

Pt. understands purpose and procedure of PPD test. He also understands that site will be examined in 48 hrs. If there is a reaction Dr. may order CXR

Signature [signature] Date 8/19/95 0510

NEVADA MENTAL HEALTH INSTITUTE

TB SCREENING

ALLERG): NKA

RESPONSE = None, 1 = Some, 2 = Relieved

August (Month) Year

ATE	DOSAGE, FREQUENCY, ROUTE			R		R		R		R		R		R		R		R		R
rt 1/9	Acetaminophen 325mg po	Date																		
pp 25	2 tabs q 4° prn Pain	Time																		
	x7 days	Init.																		
rt 1/9	Alumina / Magnesia	Date																		
pp 25	30cc po q 10 prn In-	Time																		
	digestion x7 days	Init.																		
rt 1/9	Milk of Magnesia 30cc	Date																		
pp 25	po q HS prn constipation	Time																		
	x7 days	Init.																		
rt		Date																		
p		Time																		
		Init.																		
rt		Date																		
p		Time																		
		Init.																		
rt		Date																		
p		Time																		
		Init.																		
rt		Date																		
p		Time																		
		Init.																		

SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE

NEVADA MENTAL HEALTH INSTITUTE

PRN MEDICATION RECORD

2-A 5/89

ER 0501

11-14-46 48 M/W
6-19-95

Men. Health Recs.
T. Dennis 247

AL' IC TO: NKA

August 5
Month Year

START DATE	DRUG - STRENGTH - ROUTE - DIRECTIONS	TIMES ADMIN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
3/19/95	PPD. given in LFA	0500																														
8/22	~~Hunter~~ Mistake cm																															
5/22	Parohetine 20 mg po q am	0800																														
5/22	Perphenazine 8 mg po q hs	2100																														
5/22	Benztropine 1 mg po q hs	2100																														

INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE
[illegible]	[illegible]			[illegible]	[illegible]	KN	K Nguyen RN	[illegible]	[illegible]
				FN	FN Ojang RN				

NEVADA MENTAL HEALTH INSTITUTE

MEDICATION ADMINISTRATION RECORD

112 Rev. 5/89

ER 0502

25981

[illegible] TERRY
1[illegible]-14-46 48 [illegible]/W
8-19-95

Men. Health Recs.
T. Dennis 248

/C----- Iscontinued
/Init.--- .efused

O/Init.-----Off Grounds
H/Init.-----Held per Order

8 Month 95 Year

START DATE	TREATMENT	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8/22	Push fluids 1.5 L/day	AM																															
		PM																															
		Night																															
8/22	Encourage Pt Hygiene																																
8/22	Hepatitis Precautions A, B, C, D																																

Init	SIGNATURE	Init	SIGNATURE	Init	SIGNATURE	Init	SIGNATURE	Init	SIGNATURE
[illegible]	Stabage [illegible]	[illegible]	[illegible]	FN	F Nagering RN		5981	[illegible]	[illegible]
				KN	K Ruggeri RN				

NEVADA MENTAL HEALTH INSTITUTE

TREATMENT RECORD

MR 117 5/89

D. T.

DENNIS, TERRI
10-14-46 48 M/W
8-19-95

ER 0503

Men. Health Recs.
T. Dennis 249

DATE	TIME	B/P	T	P	R				WEIGHT	SIGNATURE
8/19/95	0500	118/60	97.6	88	18				180#	[illegible]
8/19/95	1400	120/60	98	80	20					P. Akshen
8/19/95	2000	118/62	98	82	20					[illegible]
8/20/95	0600	115/70	97	76	18					[illegible]
8/20/95	1330	100/68	98.1	82	18					[illegible]
8/20	1920	102/74	98.8	84	20					[illegible]
8-21-95	0630	114/76	97.7	72	14					[illegible]

ER 0504

Men. Health Recs.
T. Dennis 250

NEVADA MENTAL HEALTH INSTITUTE

VITAL SIGNS/WEIGHT FLOW SHEET

MR 123
Revised 1/4/94

[illegible] 25981 [illegible]
[illegible] DENNIS TERRY
10-14-46 48 M/W
8-19-95

		DAY			EVE			NOC		
Code	Treatment/Behavior			Int		Code			Code	Int
1.	Staff Intervention	0700			1500			2300		
2.	Medication	0715			1515			2315		
	Group Activities	0730			1530			2330		
4.	Eating	0745			1545			2345		
5.	Drinking	0800			1600			2400		
6.	Bathing	0815			1615			New Day 0015		
7.	Toileting	0830			1630			0030		
8.	Talking with Peers	0845			1645			0045		
9.	Pacing	0900			1700			0100		
10.	See Progress Note	0915			1715			0115		
11.	Sitting	0930			1730			0130		
12.	Standing	0945			1745			0145		
13.	Lying Down	1000			1800			0200		
14.	Sleeping	1015			1815			0215		
15.	Other:	1030			1830			0230		
16.	adm	1045			1845			0245		
17.		1100			1900			0300		
18.		1115			1915			0315		
19.		1130			1930			0330		
20.		1145			1945			0345		
		1200			2000			0400		
22.		1215			2015			0415		
23.		1230			2030			0430		
24.		1245			2045			0445	16	[illegible]
25.		1300			2100			0500	16	[illegible]
		1315			2115			0515		
		1330			2130			0530	14	[illegible]
		1345			2145			0545		
		1400			2200			0600	14	[illegible]
		1415			2215			0615		
		1430			2230			0630	14	[illegible]
		1445			2245			0645		

Int.	Signature	Int.	Signature	Int.	Signature
				MB	MBrown MHT 3

er to Progress Note for Physician, Registered Nurse and other Clinical Entries

Men. Health Recs.
T. Dennis 251

Nevada Mental Health Institute

HIGH RISK PRECAUTIONS
OBSERVATION/DOCUMENTATION RECORD

MR-131A Revised 7/93

25921

DENNIS, TERRY
12-14-46 48 M/W
8-19-95

ER 0505

---------- DEM - Demographics ----------

Primary Care Provider: KUCERA,SUZANNE G
Service: ACOS FOR AMBULATORY CARE
Team: BLUE
Primary Eligibility: NSC
Please verify insurance ==> NO INSURANCE

Address: ***
RENO, NEVADA 89503
Phone:
County: WASHOE

Marital Status: DIVORCED
Age: 52
Religion: UNKNOWN/NO PREFERENCE
Sex: MALE
Occupation: GLASS CUTTER
Period of Service: VIETNAM ERA
Branch of Service: AIR FORCE 01/29/1965 TO 11/21/1968
Combat: N
POW: N
Eligibility: NSC
Status: VERIFIED
Means Test: CATEGORY A
NOK: TERRY DENNIS, JR
Relation: SON
UNKNOWN
SEATTLE, WASHINGTON

---------- DS - ELIGIBILITY-SC DIAG. ----------

ity: NSC VERIFIED

---------- CD - Advance Directive ----------

) data available

---------- ADR - Adv React/Allerg ----------

Title: ALLERGY/ADVERSE REACTION (AR)

No known allergies
Assessment date: 02/02/1999
Assessed by: DANSON,MICHELLE M

---------- CW - Clinical Warnings ----------

data available

---------- CM - Immunizations ----------

he following disease screening, immunization and patient education
ecommendations are offered as guidelines to assist in your practice.
hese are only recommendations, not practice standards. The
ppropriate utilization of these for your individual patient must be
ased on clinical judgment and the patient's current status.

--NEXT-- --LAST--

ER 0506

---------- CM - Immunizations ----------
(continued)

ıfluenza Vaccine 11/02/1999 11/02/1998
2/18/1999 Problem Diagnosis: 496.-CHR AIRWAY OBSTRUCT NEC
Prov. Narr. - 496. COPD 496.
11/4/1998 Problem Diagnosis: V04.8-VACCIN FOR INFLUENZA
Prov. Narr. - V04.8 V04.8 Vaccine for Influenza
2/18/1999 Encounter Diagnosis: 496.-CHR AIRWAY OBSTRUCT NEC
Prov. Narr. - 496. COPD 496.
11/2/1998 Encounter Diagnosis: V04.8-VACCIN FOR INFLUENZA
Prov. Narr. - V04.8 V04.8 Vaccine for Influenza
11/2/1998 Encounter Procedure: 90724-INFLUENZA IMMUNIZATION
Prov. Narr. - 90724 90724 Influenza Immunization
11/2/1998 Immunization: INFLUENZA
Flu shot due yearly in patients any age that have a high risk for flu or pneumonia.
Final Frequency and Age Range used: 1 year for all ages.

tanus Diphtheria (TD-Adult) DUE NOW unknown
TD booster due every ten years throughout adult life.
Final Frequency and Age Range used: 10 years for ages 18 and older.

eumovax DUE NOW unknown
2/18/1999 Problem Diagnosis: 496.-CHR AIRWAY OBSTRUCT NEC
Prov. Narr. - 496. COPD 496.
2/18/1999 Encounter Diagnosis: 496.-CHR AIRWAY OBSTRUCT NEC
Prov. Narr. - 496. COPD 496.
high risk DX for flu/pneumonia on file. Presumed low risk.
rinal Frequency and Age Range used: 99Y - Once for all ages.

D DUE NOW unknown
1/15/1999 Hospitalization Diagnosis: V60.0-LACK OF HOUSING
2/18/1999 Problem Diagnosis: 303.90-ALCOH DER NEC/NOS-UNSPEC
2/18/1999 Encounter Diagnosis: 305.00-ALCOHOL ABUSE-UNSPEC
Prov. Narr. - ALCOHOL ABUSE, UNSPECIFIED DRINKING BEHAVIOR
Last date of PPD not known.
Patient has a high risk for TB dx.
Final Frequency and Age Range used: 1 year for all ages.

---------- CR - Reminders Due ----------

he following disease screening, immunization and patient education ecommendations are offered as guidelines to assist in your practice. hese are only recommendations, not practice standards. The ppropriate utilization of these for your individual patient must be ased on clinical judgment and the patient's current status.

	--NEXT--	--LAST--
at Belt Education	DUE NOW	11/08/1996
vance Health Care Planning	DUE NOW	unknown
nual Patient History	DUE NOW	unknown
lon Cancer Awareness	DUE NOW	unknown

---------- CR - Reminders Due ----------
(continued)

	--NEXT--	--LAST--
ecal Occult Blood Test	DUE NOW	unknown
utrition/Obesity Education	DUE NOW	11/08/1996
rostate Cancer Awareness	DUE NOW	11/08/1996
afety/Home/Falls	DUE NOW	unknown
ocial Situation Education	DUE NOW	unknown

---------- OE - OUTPATIENT TREATMENT (max 3 occurrences or 1 year) ----------

Date	Facility	Hospital Location	Encounter Elig.
2/23/1999	RENO	PULMONARY DIAGNOSTIC SERV-PFT	NSC

Provider: MEINERT,DUAYNE E (P)
Diagnosis: 518.89-OTHER DISEASE OF LUNG, NEC (P)
Procedure: 94150-VITAL CAPACITY TEST: 94150 94150 Vital Capacity Screening (1)
94375-RESPIRATORY FLOW VOLUME LOOP: 94375 94375 Flow Volume Loop (1)
94760-MEASURE BLOOD OXYGEN LEVEL: 94760 94760 PO (1)

2/18/1999	RENO	ADTP-MED F/U (RESIDENT)	NSC

Provider: STOLL,KATHLEEN A (P)
Diagnosis: 305.00-ALCOHOL ABUSE-UNSPEC (P)
311.-DEPRESSIVE DISORDER NEC
edure: 90862-MEDICATION MANAGEMENT (1)

2/16/1999	RENO	BLUE - URGENT CARE CLINIC	NSC

Provider: MINNICH,BRIAN N (P)
Diagnosis: 496.-CHR AIRWAY OBSTRUCT NEC (P)
Procedure: 99213-OFFICE/OUTPATIENT VISIT, EST: Intermediate Exam (11-19 Min) (1)
17999-SKIN TISSUE PROCEDURE: 17999 Diabetic foot risk assessment 17999 (1)
99401-PREVENTIVE COUNSELING, INDIV: 99401 Preventive counseling, individual 99401 (1)

--------- DD - DISCHARGE DIAGNOSIS (max 6 occurrences or 1 year) ----------

/07/1999 - 01/15/1999 LOS: 8

DXLS:	AC ALCOHOL INTOX-CONTIN	303.01
ICD DX:	ALCOHOL WITHDRAWAL	291.81
	~~BIPOL-MIXED-SEV-W-PSYCH~~	296.64
	~~ANTISOCIAL-PERSONALITY~~	301.7
	LACK OF HOUSING	V60.0

/28/1998 - 10/09/1998 LOS: 11

DXLS:	~~PROLONG-POSTTRAUM-STRESS~~	309.81
ICD DX:	~~BIPOL-MIXED-SEV-W-PSYCH~~	296.64
	ALCOH DEP NEC/NOS-CONTIN	303.91
	ALCOHOL WITHDRAWAL	291.81

ER 0508

ENNIS,TERRY J 534-44-8825 DOB: 10/14/1946

---- DD - DISCHARGE DIAGNOSIS (max 6 occurrences or 1 year) ----------
(continued)

ANTISOCIAL PERSONALITY 301.7

---------- PLL - All Problems ----------

7 Problems

PROBLEM	LAST MOD	PROVIDER
465.9-ACUTE URI NOS; 465.9 465.9 URI 465.9 465.9 URI	06/13/1997	HOLDER,JAMES B
305.00-ALCOHOL ABUSE-UNSPEC; 305.00 305.00 Alcohol abuse-unspec 305.00 305.00 Alcohol abuse-unspec	10/28/1998	WALLACE,JON T
V04.8-VACCIN FOR INFLUENZA; V04.8 V04.8 Vaccine for Influenza V04.8 V04.8 Vaccine for Influenza	11/04/1998	AMSDEN,ANNA M
466.0-ACUTE BRONCHITIS; 466.0 Bronchitis acute 466.0 466.0 Bronchitis acute 466.0	11/09/1998	BOMBERGER,BETHE
V68.1-ISSUE REPEAT PRESCRIPT; V68.1 V68.1 Rx refill V68.1 V68.1 Rx refill	12/15/1998	WEISER,PETER M
CHR AIRWAY OBSTRUCT NEC; 496. COPD 496. 496. COPD 496.	02/18/1999	MINNICH,BRIAN N
303.90-ALCOH DEP NEC/NOS-UNSPEC; ALCOH DEP NEC/NOS-UNSPEC	02/18/1999	HAMILTON,PATRIC

-------- PRC - INPATIENT PROCEDURES (max 6 occurrences or 1 year) ---------

ocedure	01/08/1999 ALCOHOL REHAB/DETOX	94.63
ocedure	09/29/1998 ALCOHOL REHAB/DETOX	94.63

------- OPC - INPATIENT SURGERIES (max 6 occurrences or 3 years) ---------

data available

---------- CVF - Fut Clinic Visits ----------

data available

------- CVP - Past Clinic Visits (max 6 occurrences or 6 months) ---------

25/1999 13:00	BLUE - URGENT CARE CLINIC	NO-SHOW
18/1999 14:00	VASCULAR TESTING (SPECIAL	NO-SHOW
16/1999 13:30	ADTP-MED F/U (RESIDENT)	CANCELLED BY CLINIC

ER 0509

--- CVP - Past Clinic Visits (max 6 occurrences or 6 months) ---------
(continued)

3/04/1999 14:00 VASCULAR TESTING (SPECIAL NO-SHOW
3/04/1999 07:00 LAB ***NON - FASTING***
2/23/1999 10:00 PULMONARY DIAGNOSTIC SERV

---------- RI - RADIOLOGY RESULTS (max 3 occurrences or 1 year) ----------

1/16/1998 CHEST 2 VIEWS PA&LAT CPT 71020 VERIFIED
1. THERE IS ~~NO EVIDENCE OF ACUTE DISEASE~~ OR SIGNIFICANT CHANGE SINCE 9/30/98.

2. THERE IS HYPERAERATION OF THE LUNG FIELDS COMPATIBLE WITH COPD.

9/30/1998 CHEST 2 VIEWS PA&LAT CPT 71020 VERIFIED
1. THERE IS NO EVIDENCE OF ACUTE DISEASE OR SIGNIFICANT CHANGE SINCE 06/27/97.

2. THERE IS HYPERAERATION OF THE LUNG FIELDS COMPATIBLE WITH COPD.

3. THE ILL-DEFINED DENSITY IN THE LEFT LOWER LUNG FIELD SEEN ON THE PREVIOUS EXAMINATION IS NO LONGER PRESENT.

---------- RXOP - Outpatient Pharmacy (max 6 months) ----------

	Rx #	Stat	Qty	Issued	Last Filled	Rem
AMIN & MINERAL TAB ***						
	652413A	A	100	02/02/1999	04/05/1999	(3)
SIG: T1T PO QD 90D						
Provider: STOLL,KATHLEEN A			Cost/Fill: $ 2.60			
~~PROIC ACID 250MG CAPSULE ***~~						
	652410	A	120	01/15/1999	02/18/1999	(1)
SIG: T2C PO BID						
Provider: WHITMER,JAMES ROBERT			Cost/Fill: $ 10.08			
UOXETINE HCL 20MG CAP						
	652411	A	60	01/15/1999	02/18/1999	(0)
SIG: T2C PO QAM						
Provider: WHITMER,JAMES ROBERT			Cost/Fill: $ 75.00			
AZODONE HCL 50MG TABLET						
	656564A	A	30	02/18/1999	02/18/1999	(2)
SIG: T12T PO HS P F INSOMNIA						
Provider: STOLL,KATHLEEN A			Cost/Fill: $ 0.96			
LENIUM SULFIDE 2.5% LOTION/SHAMPOO						
	632328B	E	120	02/18/1999	02/18/1999	(0)
SIG: SHAMPOO ONCE PER DAY						

:NNIS,TERRY J 534-44-8825 DOB: 10/14/1946

---------- RXOP - Outpatient Pharmacy (max 6 months) ----------
(continued)

'ug.....

	Rx #	Stat	Qty	Issued	Last Filled	Rem
Provider: STOLL,KATHLEEN A			Cost/Fill: $ 2.04	Exp/Can Dt: 03/20/1999		
-TRIMOXAZOLE D.S. TABLET						
	660919	E	20	02/18/1999	02/18/1999	(0)
SIG: T1T PO BID UG - TWW						
Provider: KUCERA,SUZANNE G			Cost/Fill: $ 1.04	Exp/Can Dt: 02/28/1999		
10/GUAIFENESIN 85MG/5ML SF/AF SYRUP						
	636677A	E	240	02/18/1999	02/18/1999	(0)
SIG: T12 TSP PO Q46H FOR COUGH						
Provider: KUCERA,SUZANNE G			Cost/Fill: $ 2.16	Exp/Can Dt: 02/23/1999		
AZODONE HCL 50MG TABLET						
	656564	E	30	02/02/1999	02/02/1999	(0)
SIG: T12T PO HS P F INSOMNIA						
Provider: STOLL,KATHLEEN A			Cost/Fill: $ 0.96	Exp/Can Dt: 02/17/1999		
AZODONE HCL 50MG TABLET						
	652412	E	15	01/15/1999	01/15/1999	(0)
SIG: T1T PO HS PRN F INSOMNIA						
Provider: WHITMER,JAMES ROBERT			Cost/Fill: $ 0.48	Exp/Can Dt: 02/14/1999		
AMIN & MINERAL TAB ***						
	652413	DC	100	01/15/1999	01/15/1999	(0)
SIG: T1T PO QD 90D						
Provider: WHITMER,JAMES ROBERT			Cost/Fill: $ 2.60			
LTIVITAMIN & MINERAL TAB ***						
	628816A	DC	100	10/23/1998	12/28/1998	(1)
SIG: T1T PO QD 90D						
Provider: STEINAGEL,GERALDINE M			Cost/Fill: $ 2.60			
SPIRONE HCL 5MG TABLET						
	628813B	DC	270	12/14/1998	12/14/1998	(5)
SIG: T3T PO TID						
Provider: WEISER,PETER M			Cost/Fill: $ 94.50			
AZODONE HCL 50MG TABLET						
	628817B	DC	60	12/14/1998	12/14/1998	(5)
SIG: T12T PO QHS PRN SLEEP						
Provider: WEISER,PETER M			Cost/Fill: $ 1.92			
THIUM CARBONATE 300MG CAP						
	628815B	DC	90	12/14/1998	12/14/1998	(5)
SIG: T1C PO TID						

ER 0511

DENNTS,TERRY J 534-44-8825
DOB: 10/14/1946

---------- RXOP - Outpatient Pharmacy (max 6 months) ----------
(continued)

Drug.....

Rx #	Stat	Qty	Issued	Last Filled	Rem

Provider: WEISER,PETER M Cost/Fill: $ 1.26

SELENIUM SULFIDE 2.5% LOTION/SHAMPOO
632328A DC 120 12/14/1998 12/14/1998 (5)
SIG: SHAMPOO ONCE PER DAY
Provider: STOLL,KATHLEEN A Cost/Fill: $ 2.04

DIVALPROEX SODIUM 250MG E.C. TAB
645030 DC 90 12/14/1998 12/14/1998 (5)
SIG: T1T PO TID DO NOT CRUSH TABS
Provider: WEISER,PETER M Cost/Fill: $ 33.30

FLUOXETINE HCL 20MG CAP
645031 DC 60 12/14/1998 12/14/1998 (5)
SIG: T2C PO QAM
Provider: WEISER,PETER M Cost/Fill: $ 75.00

M 10/GUAIFENESIN 85MG/5ML SF/AF SYRUP
636677 DC 240 11/09/1998 11/16/1998 (0)
SIG: T12 TSP PO Q46H FOR COUGH
Provider: BOMBERGER,BETHELENE Cost/Fill: $ 2.16

FLUTICASONE 42MCG 200D ORAL INHL
636678 DC 1 11/09/1998 11/16/1998 (2)
SIG: SW I2P QID - UWS
Provider: BOMBERGER,BETHELENE Cost/Fill: $ 3.35

DOXYCYCLINE 100MG CAP
638156 E 14 11/16/1998 11/16/1998 (0)
SIG: T1C PO BID UG
Provider: KURTZ,KENNETH J Cost/Fill: $ 0.74 Exp/Can Dt: 11/23/1998

DOXYCYCLINE 100MG CAP
636676 E 20 11/09/1998 11/09/1998 (0)
SIG: T1C PO BID UG
Provider: BOMBERGER,BETHELENE Cost/Fill: $ 1.06 Exp/Can Dt: 11/19/1998

AEROSOL INHALER CHAMBER
636679 E 1 11/09/1998 11/09/1998 (0)
SIG: UD WITH INHALER(S)
Provider: BOMBERGER,BETHELENE Cost/Fill: $ 7.50 Exp/Can Dt: 12/09/1998

TRAZODONE HCL 50MG TABLET
628817A DC 60 10/23/1998 10/29/1998 (1)
SIG: T12T PO QHS PRN SLEEP

)ENNIS,TERRY J 534-44-8825 DOB: 10/14/1946

---------- RXOP - Outpatient Pharmacy (max 6 months) ----------
(continued)

'rug.....

	Rx #	Stat	Qty	Issued	Last Filled	Rem
Provider: STEINAGEL,GERALDINE M Cost/Fill: $ 1.92						
ITHIUM CARBONATE 300MG CAP						
	628815A	DC	90	10/23/1998	10/29/1998	(1)
SIG: T1C PO TID						
Provider: STEINAGEL,GERALDINE M Cost/Fill: $ 1.26						
USPIRONE HCL 5MG TABLET						
	628813A	DC	270	10/23/1998	10/29/1998	(1)
SIG: T3T PO TID						
Provider: STEINAGEL,GERALDINE M Cost/Fill: $ 94.50						
LUOXETINE HCL 10MG CAP						
	628814A	E	90	10/23/1998	10/29/1998	(0)
SIG: T3C PO QAM						
Provider: STEINAGEL,GERALDINE M Cost/Fill: $103.95 Exp/Can Dt: 11/22/1998						
ELENIUM SULFIDE 2.5% LOTION/SHAMPOO						
	632328	DC	120	10/23/1998	10/23/1998	(1)
SIG: SHAMPOO ONCE PER DAY						
Provider: STEINAGEL,GERALDINE M Cost/Fill: $ 2.04						

--- SCLU - Lab Cum Selected (max 25 occurrences or 1 year) ----------

)llection DT	Spec	NA	K	CL	CO2	BUN	CREAT	GLUCOSE
02/18/1999 10:20	SERUM	137	5.2	103	26	12	1.0	147 H
01/14/1999 16:00	SERUM	145	4.6	103	30	16	1.0	98
01/08/1999 06:00	SERUM	142	4.6	108	29	7 L	0.9	87
09/25/1998 15:56	SERUM	139	5.3	102	26	7 L	1.0	89

)llection DT	Spec	CA	PRO.TOT	ALBUMIN	AST/GOT	ALT/GPT	ALK PHO	T. BIL
02/18/1999 10:20	SERUM	9.9	6.6	3.9	32	37 H	60	0.8
01/14/1999 16:00	SERUM	10.1	6.1	3.7	38 H	88 H	63	0.5
01/08/1999 06:00	SERUM	9.4	6.6	4.0	44 H	48 H	68	1.5 H
09/25/1998 15:56	SERUM	10.3	7.6	4.5	98 H	135 H	84	0.6

llection DT	Spec	WBC	HGB	HCT	PLT	CHOL	HDL
02/18/1999 10:20	BLOOD	6.5	16.8	50.5	399		
01/08/1999 06:00	SERUM					186	101 H
01/08/1999 06:00	BLOOD	7	15.9	48.2	430 H		
09/29/1998 11:00	SERUM					172	67
09/25/1998 15:56	SERUM					213 H	
09/25/1998 15:56	BLOOD	12.3 H	16.2	47.4	440 H		

MMENTS:

ER 0513

:ENNTS,TERRY J 534-44-8825 DOB: 10/14/1946

---- SCLU - Lab Cum Selected (max 25 occurrences or 1 year) ----------
(continued)

OMMENTS:
. DRAW TIME = 1026
. DRAW TIME = 0705
. AUTO DIFF NOT ACCEPTED SEE MANUAL DIFF
RBC MORPHOLOGY CONSISTENT WITH INDICES
PLATELETS INCREASED

Men. Health Recs.
T. Dennis 260

ATED: 03/02/99 10:31 MHC-CLINIC
02/18/99 12:00 ADTP-MED F/U (RESIDENT)
2 YO W/M. PT. WAS SEEN FOR MED REEL. PT. REPORTS THAT HE IS TAKING
EDICATIONS AS PRESCRIBED. DENIES USE OF ETOH. HE IS INVOLVED WITH ADTP.
EPORTS THAT HE IS FEELING BETTER. DENIES SI/HI.
: A AND O. PLEASANT, CALM AND COOPERATIVE. THOUGHTS ARE LOGICAL AND
OAL DIRECTED. SPEECH IS CLEAR AND COHERENT. DENIES SI/HI. DENIES A/V
ALLUC.
: ALCOHOL ABUSE, DEPRESSION, H/O PTSD. BIPOLAR D/O--PER PT. HISTORY,
IMPULSE CONTROL D/O--PER PT. HISTORY
: CONTINUE TRAZODONE 50 MG 1-2 PO QHS PRN INSOMNIA. PT. IS TO CALL WITH
NY PROBLEMS/SE. HE IS TO F/U 3/16/99 AT 1:30 PM.

Signed by: /es/ KATHLEEN A STOLL
PSYCH RESIDENT 03/02/99 10:39
Cosigned by: /es/ JERRY A BIGGS
psychiatrist 03/04/99 09:22
Analog Pager: 6321

OTE DATED: 02/09/99 09:14 ADTP NOTE
ESIT: 02/08/99 17:00 ADTP-STRATEGIES
During this session the Focus Group patient contract & treatment plan
ere reviewed. Each area of the contract was discussed and patients were
sked for their reactions to eack item. The intent and philosophy of the
ocus Group were also discussed.

was in agreement with content of contract and treatment plan.

Begin Focus Group 2/22/99@1730.

Signed by: /es/ LARRY WILLIS
ADDICTION THERAPIST 02/09/99 09:14

OTE DATED: 02/02/99 11:37 MHC-CLINIC
ESIT: 02/02/99 11:30 ADTP-MED F/U (RESIDENT)
YO W/M. RELEASED FROM INPT. PSYCH APPROX. 2 WEEKS AGO. DX WITH PTSD,
POLAR II, IMPULSE CONTROL D/O, DEPRESSION AND ETOH ABUSE. PT. ALSO HAS
P C. REPORTS THAT SINCE RELEASE HIS MOODS HAVE BEEN "UP AND DOWN."
AST USE OF ETOH WAS LAST PM. REPORTS THAT HE DRANK 3 BEERS. REPORTS
HAT HE DRINKS "A COUPLE TIMES A WEEK." REPORTS THAT LIVING SITUATION IS
....." IS CURRENTLY PRESCRIBED VPA 250 MG 2 PO BID. PT. REPORTS THAT
. TAKES HIS MEDICATIONS SPORADICALLY. HAS NOT TAKEN VPA FOR THE
AST TWO DAYS. PT. IS ALSO PRESCRIBED TRAZODONE 50 MG 1 PO QHS PRN
SOMNIA. PT. REPORTS THAT HE TAKES TRAZODONE 50 MG 2-3 PO QHS. PT. HAS
T TAKEN TRAZODONE FOR THE PAST 3-4 NIGHTS, B/C "I RAN OUT." PT. HAS
SO BEEN PRESCRIBED PROZAC 20 MG 2 PO QAM. PT. HAS NOT TAKEN PROZAC FOR
E PAST TWO DAYS. PT. REPORTS THAT TRAZODONE IS HELPFUL AS IT
LPS HIM SLEEP. DENIES SI/HI. APPETITE--OKAY. ENERGY LEVEL

** THIS NOTE CONTINUED ON NEXT PAGE **

ER 0515

)9 11:37 ** CONTINUED FROM PREVIOUS PAGE **

S ...ORTED AS LOW. REPORTS FEELINGS OF HELPLESSNESS.
): A AND O. LOW FRUSTRATION TOLERANCE. RATES MOOD AS 2/10.
HOUGHTS ARE LOGICAL. SPEECH IS CLEAR AND COHERENT. DENIES SI/HI.
ENIES A/V HALLUC.
.: ETOH ABUSE, DEPRESSION, H/O PTSD, BIPOLAR 11--PER PT. HISTORY, IMPULSE
ONTROL D/O--PER PT. HISTORY
: PT. WAS INITIALLY UPSET B/C HE THOUGHT THAT HIS APPOINTMENT TODAY WAS
O DISCUSS PLACEMENT AT WHITE CITY. PT. CALMED DOWN AS INTERVIEW
ROGRESSED AND EVEN APOLOGIZED FOR HIS BEHAVIOR. DISCUSSED THE IMPORTANCE
F ABSTAINING FROM DRUGS/ETOH. DISCUSSED RELATIONSHIP BETWEEN ETOH AND
EPRESSION AND THE EFFECT OF ETOH ON THE LIVER. DISCUSSED EFFECTS OF HEP
ON THE LIVER. ALSO DISCUSSED R AND B OF VPA INCLUDING LIVER FAILURE.
ISCUSSED IMPORTANCE OF TAKING MEDICATIONS AS PRESCRIBED. EXPLAINED THAT
EDICATIONS HAVE TO BE TAKEN CORRECTLY IN ORDER TO SEE IF BENEFICIAL OR
OT. PT. WILL BE DISCUSSED WITH ADTP, IDSC MEETING AND WITH DR. BIGGS.
T. WAS REFERRED TO AA--90 MEEETINGS IN 90 DAYS. OBTAIN SPONSOR.
RAZODONE WAS REFILLED--TRAZODONE 50 MG 1-2 PO QHS PRN INSOMNIA FOR 15
AYS, #30, 0 REFILLS. LAB WORK WAS ORDERED INCLUDING VPA LEVEL, CHEM
ANEL, CBC FOR 2/18/99.

Signed by: /es/ KATHLEEN A STOLL
PSYCH RESIDENT 02/04/99 12:02
Cosigned by: /es/ JERRY A BIGGS
psychiatrist 02/04/99 12:10
Analog Pager: 6321

OTE DATED: 01/07/99 15:24 MHC-TRIAGE
ISIT: 01/07/99 15:00 ADTP-SCREENING
eteran is 52 year old nsc white male seen in triage for ADPT screening.

eteran has been drinking since Monday 1/4th: breathalizer reads 0.187.

eteran states that things are out of control. He states that a friend of
is died on his couch from liver failure from drinking. Veteran states
hat he stopped taking his meds on Monday.

eteran is oriented x 4; dressed appropriately; crying; talking about
hating to hurt someone. He states that he believes that he has been
rying to drink himself to death. Veteran states that he "doesn't know
here he fits, or belongs". Veteran somewhat ranting with labile
motional behavior. Veteran states that he picked up a girl last night
nd went to the motel. While there he has thoughts of killing her just
or the sake of killing. Veteran states that he was molested as a child
nd has has had thoughts like this sometimes. Veteran keeps saying that
something is missing" and he doesn't know what it is. Veteran exhibiting
omewhat bizarre behavior and talking and answering himself.

** THIS NOTE CONTINUED ON NEXT PAGE **

ER 0516

1 / 9 15:24 ** CONTINUED FROM PREVIOUS PAGE **

eteran was last admitted to 4Psy on 9/98 and discharged 10/9 to half-way house. He states that he was drinking while he was there because he doesn't like anyone to tell him what to do". Veteran upon meeting writer said that "I should be glad that I am not a man because he would hit me aside the head". Later in the interview, veteran apologizes for his words and said that he usually intimidates people but he didn't think writer was intimidated.

Veteran stated that he worked for CWT a few times but stopped in December when it got cold. He states that he did not return after that because he didn't want to show up drunk.

~~Veteran to be evaluated for admission to 4Psy~~

~~Veteran to be medically cleared for admission to 4 Psy~~

Dx is I Alcohol Abuse
PTSD
Impulse Control Disorder nos
Dx is II Deferred
Dx is III Hep C
Dx is IV Friend died on sofa on Monday
Dx is V GAF 35

Signed by: /es/ Cara R. Kozak, LCSW
Mental Health Service 01/07/99 15:54
Analog Pager: 86,210

NOTE DATED: 11/06/98 14:55 ADTP NOTE
VISIT: 11/02/98 17:00 ADTP-STRATEGIES
Discussion focused on relapse and related triggers. Social situatons were identified as the predominant problem area for the patients. This discussion was stimulated by a group member who revealed he had relapsed since last session.

. indicated he was not interested in further treatment.

Pt. seemed not to connect well with the process.

Discharge from stratagies group.

Signed by: /es/ LARRY WILLIS
ADDICTION THERAPIST 11/06/98 15:35

NOTE DATED: 11/06/98 14:03 ADTP NOTE

** THIS NOTE CONTINUED ON NEXT PAGE **

ER 0517

8 14:03 ** CONTINUED FROM PREVIOUS PAGE **

ASI INTAKE

ENNIS,TERRY J (52)

Admission Date:
Interview Date: NOV 06 1998
Time Begun:
Time Ended:
Interviewer: WALLACE,JON T
Transcriber: WALLACE,JON T
E-Signature: WALLACE,JON T
Special: PATIENT REFUSED

	Severity Ratings	Composite Scores
MEDICAL		---
EMPLOYMENT		---
ALCOHOL		---
DRUG		---
LEGAL		---
FAMILY		---
PSYCHIATRIC		---

Signed by: /es/ JON T WALLACE
COORDINATOR 11/06/98 14:03

TE DATED: 10/31/98 07:09 MHC-GROUP
SIT: 10/26/98 13:00 MHC-LIFE STRATEGIES GROUP
introduction to mhc services and the purpose of this group was
plained to pt. The theme of this group was the appropriate vs.
appropriate expressions of anger. Pt. was able to speak about his
ger. Pt. may be more appropriately placed with ADTP. However, pt. may
t return to tx. because when his halfway house contract expires, he may
ave the area

Signed by: /es/ JON T WALLACE
COORDINATOR 10/31/98 07:10

TE DATED: 10/28/98 09:41 ADTP NOTE
SIT: 10/26/98 17:00 ADTP-STRATEGIES
Discussion centered on length of stay in treatment. Pts. were provided
th information on time limited therapies available and extended

** THIS NOTE CONTINUED ON NEXT PAGE **

ER 0518

'8 09:41 ** CONTINUED FROM PREVIOUS PAGE **

ɔn..uing care. Pts. Identified and prioritized their personal, specific
reatment needs / problems.

:s. prioritized problems: 1. Getting rid of thoughts of suicide. 2.
eeling better about myself. 3. Becoming less depressed.

· Pt. presents at risk.

· Acuity level 3. Intensify case management. Notify all program
ɔordinators of change in acuity level.

Signed by: /es/ LARRY WILLIS
ADDICTION THERAPIST 10/28/98 10:44

)TE DATED: 10/27/98 13:13 ADTP NOTE
'SIT: 10/26/98 17:00 ADTP-STRATEGIES
scussion centered on length of stay in treatment. Pt. said he has not
en drinking and does not plan to continue with adtp after his halfway
ɔuse contract expires. pt. says his chief concern is depression
condary to childhood abuse. Pt. was told of options for tx. with ADTP.

Signed by: /es/ JON T WALLACE
COORDINATOR 10/27/98 13:16

.ED: 10/23/98 15:07 ADTP NOTE
SIT: 10/23/98 14:15 TELEPHONE/ADTP
spoke with the CEO of the House of Antioch, asking him to remind pt. of
s oct 26, 1998 @ 1700 strategies group. Mr. Greg Davies will remind pt.
attent this session, non compliance may result in termination.

Signed by: /es/ JON T WALLACE
COORDINATOR 10/23/98 15:07

)TE DATED: 10/23/98 09:59 MHC-INDIVIDUAL
:SIT: 10/23/98 08:30 MHC-INTAKE (RESIDENT)

52 yo wm was scheduled for an intake, however a complete psych eval was
ɔne 3 weeks ago by me when I admitted him to the inpatient unit. He was
scharged 2 weeks ago. Another psych eval/intake is not indicated. Since
scharge from the hospital he has lived at the Antioch House. "I'm doing
lot better." " The lithium seems to be working." He reports that his
ods are more stable, he does not become as angry and he has not been as
ritable. He stated " I tend to be really impatient with people- but I've
en doing OK at the house." He reports good sleep using trazadone,
eraging 8-9 hrs/night. He denies SI since D/C from the hospital. He

** THIS NOTE CONTINUED ON NEXT PAGE **

ER 0519

'98 09:59 ** CONTINUED FROM PREVIOUS PAGE **

reports concentration is "good for what little I have to do right now." He reports decreased alcohol use but states he still is averaging 6 beers/week, when he watches sporting events away from the house. He reports his anxiety has improved but is not gone. He is on the list with Joe Albritton for IT. He will stay at the house for 2 more weeks, and then plans on getting a place of his own with the $650 he gets per month from the state. He states he has had tremors since starting lithium but he is not too bothered by them.

O- A & O. Mildly anxious, but this is much improved from the last visit. Has mild hand tremors. Cooperative. Speech normal. Thoughts clear, organized and goal-directed. Did not appear to be intoxicated. Mood and affect mildly constricted but improved from previous appt. Appropriate grooming. Lithium level drawn 10/3/98 was 0.6. LFT's were elevated and pt has Hep C.

A- Bipolar D/O, type II
PTSD
Generalized Anxiety D/O
Alcohol abuse
H/O Impulse Control D/O

P- Will continue current meds including lithium 300 mg tid, Prozac 30 mg am, Buspar 45 mg/day, and trazadone 100 mg qhs prn insomnia. We discussed that his lithium level is not in the clear therapeutic range, but because currently doing so well we'll not make any changes, however, if he sening of mood stability or other Bipolar sx we will increase to 200 mg/day. He was also encouraged to drink less than 2 drinks/week and we discussed how alcohol can disrupt sleep and affect mood. He will F/U for med management in about 4-6 weeks. He was referred to Life strategies group on Mon 1 pm, and to ADTP group Mon at 5 pm.

Signed by: /es/ GERALDINE M STEINAGEL
Psychiatry Resident 10/23/98 10:26
Digital Pager: 348-4259

NOTE DATED: 10/13/98 12:59 CHAPLAIN'S ASSMNT (1)
ADMITTED: 09/28/98 13:58 4-PSY
Veteran seen 9/30/98. Spiritual assessment completed. He said he was religious once, but has become alienated. He does, however, believe in a higher power. He's currently dealing with depression and anxiety. He doesn't feel that alcohol is a problem for him presently. Blessing given.

Signed by: /es/ GERALD T CONWAY
Chief of Chaplains 10/13/98 13:01

ER 0520

NOTE DATED: 10/13/98 11:20 CHAPLAIN NOTE
ADMITTED: 09/28/98 13:58 4 PSY
Veteran seen 9/30/98 in Spirituality Group. He was not interested in our topic.

Signed by: /es/ GERALD T CONWAY
Chief of Chaplains 10/13/98 11:21

NOTE DATED: 09/25/98 15:42 MHC-INDIVIDUAL
VISIT: 09/25/98 15:00 MHC-MED F/U (RESIDENT)

- 51 yo WM here for a med management appt. He was in West Hills Psychiatric Hospital for 5 weeks July-Aug of this year for treatment of depression. At that time they started him on Prozac and Vistaril and he has also been taking Buspar for the past 1 1/2 yrs for anxiety. He came to HH immediately after discharge to have his meds filled. He has not taken any of his meds for the past 2 weeks because he was kicked out of the place he was living and was not allowed back to get his meds. He currently is living in the back of a friend's car and stayed 2 nights at the Gospel Mission. He gets a check on 10/3/98 and at that time will be able to afford a place to live. He was not interested in seeing a social worker to discuss other potential living options. He has a H/O SI that "comes and goes" although denies current SI. He has a H/O S/A by OD and carbon monoxide. He has a H/O heavy drug use including IV drugs but denies drugs [illegible] several years. He has been drinking alcohol to "self-medicate" his [illegible] and depression and had 2 beers before this meeting and has been drinking up to 2 quarts a day but states that if he can get back on his meds he won't need to drink. His sleep has been "erratic" sleeping anywhere from 0-12 hrs/night. He has a H/O of going 2-3 days feeling like he didn't need to sleep. He has a h/o impulsivity and has gambled to the point of getting himself in financial difficulty. He feels he is frequently irritable and has problems with anger control. He has been in prison twice for assault and attempted murder and "lashes out" when he gets angry. He is also frequently anxious and agitated. He denies having extended periods of expansive mood. He has nightmares and flashbacks "from mental, physical, and sexual abuse" as a child. He denies PA's. He has a H/O Hepatitis C.

- Thin man who appears stated age of 51 yrs. He was very anxious with psychomotor agitation. He smelled of alcohol but did not seem intoxicated. He had difficulty sitting still in his chair. He was cooperative but seemed to be holding in anger. Appears to be of average intelligence. Thoughts were organized and goal-directed. Seemed somewhat paranoid, and didn't want to divulge information unless I specifically asked for it. Speech was normal.

- Alcohol abuse, R/O dependence

** THIS NOTE CONTINUED ON NEXT PAGE **

ER 0521

98 15:42 ** CONTINUED FROM PREVIOUS PAGE **

rISD
Generalized anxiety disorder
Impulse Control D/O
R/O Bipolar D/O, type II

- Because no lab tests were available for the past year I ordered a chem anel and a CBC before starting a mood stabilizing med. He will have the abs drawn today and then will contact me on Monday (3 d) for the results. f his liver enzymes are normal he gave informed consent to start epakote for his impulse control probs and likely Bipolar II D/O. and he ill pick up the prescription on Monday. If his liver enzs are elevated ut kidney function is normal we will start lithium. He will continue rozac 30 mg qd for depression and anger dyscontrol, and Buspar 45 mg qhs or anxiety. I did not renew his prescription of Restoril although he till has 1 month left. I referred him to the social worker to discuss ousing possibilities. He agreed to stop alcohol if I renewed his meds, nd he understands that I will not continue prescribing his meds if he ontinues to abuse alcohol. He also agreed to come to triage if he feels hat he wants to hurt himself or someone else. We discussed the SE of all he medications prescribed.

Signed by: /es/ GERALDINE M STEINAGEL
Psychiatry Resident 09/25/98 16:53
Digital Pager: 348-4259

3 17:17 Addendum

follow-up appt was not available for 1 month so Mr. Dennis was informed o return to triage if he has any problems with his meds after I speak ith him on Monday.

Signed by: /es/ GERALDINE M STEINAGEL
Psychiatry Resident 09/25/98 17:18
Digital Pager: 348-4259

ER 0522

MEDICAL RECORD PROGRESS NOTES

-18-99 CLINIC: Vasc TST Current phone #:

VITAL SIGNS: B/P / Temp Pulse RR Wt Ht

ALLERGIES:

Orientation: ☐ Time ☐ Place ☐ Person Risk for Wandering ☐ Yes ☐ No

MEDS

PATIENT FAILED TO REPORT

☐ D/C From Clinic

☒ Reschedule at first available date

Do Not Overbook

☐ Overbook urgently by

(Date)

Nanette Bower PVT

Men. Health Recs.
T. Dennis 269

(Continue on reverse side)

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

Dennis, Terry
8825

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL
654/11AC
Revised 6/98

MEDICAL RECORD PROGRESS NOTES

TE 3-4-99 CLINIC: VST Current phone #:

VITAL SIGNS: B/P / Temp Pulse RR Wt Ht

ALLERGIES:

Orientation: ☐ Time ☐ Place ☐ Person Risk for Wandering ☐ Yes ☐ No

MEDS

PATIENT FAILED TO REPORT

☐ D/C From Clinic

☒ Reschedule at first available date

Do Not Overbook

☐ Overbook urgently by

(Date)

Nanette Bower RVT

Men. Health Recs.
T. Dennis 270

(Continue on reverse side)

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

Dennis, Terry
8825

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL
634/11AC
Revised 6/98

MEDICAL RECORD — PROGRESS NOTES

E

TIME 2-18-99 13:00

CLINIC: Blue Urgent Care

Current phone #:

VITAL SIGNS: B/P 14/16 Temp 81 Pulse 99 RR Wt 162 Ht 6'0"

ALLERGIES: NKdA

Judy Rooth

Orientation: ☐ Time ☐ Place ☐ Person Risk for Wandering ☐ Yes ☐ No

MEDS

Smoker in Past 12 Mos: ☑ Yes Urged to Stop: ☐ Yes Smoking Cessation Offered: ☑ Yes

Elparic Acid ‡ BID

Prozac 20 ‡

Trazolone 50 (OS) (Ah 8

1/99 3+ glucose

? FH (adopted)

AB — CPC ⊖

103/12 (147) 26/10

SGPT 37

GGT 144

F/U from hospitalization

C/O Cough - muscus

52 yr

Here for F/U p̄ Hxy DC for SUI,

Hx Hxy C, IVDU, ETOH abs, depression, AD TP

Has F/U MHC 3/99. Still ⊕ heavy ocean

#1 Cleaning — ⊕ Smoker 1 no duration. (since was homeless). ⊕ prod cough yellow phlegm ± F/C - gone now, ± sore throat - gone — ⊖ SOB. ⊕ edema (new) since lived in drop in center X 2 wk, getting better c̄ P legs ⊖ CP

#2 Gu - voids freely.

#3 GI ⊖ N/V/D.

⊖ NAD. Throat: clear erythema

Heart: ra @ 82.

Lungs: very wheeled few rhonchi

Ext. feet → mix tissue red on dependency & cocoon

return to ⊕ c̄ elevation. Pulses ⊕ ... to monofilament

(a) Inc. Lab Bx! Rx AODM 2) PVD 3) Hx ETOH IVDU!

(Over) 4) CORD

Men. Health Recs.
T. Dennis 271

(Continue on reverse side)

NT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle;

Dennis Terry J

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL
654/11AC

FOLLOW-UP

Referrals: ☐ PERC _____ (TOPIC)

Nursing	Nutrition	Pharmacy	MHC (consults)	Classes:
__Seatbelt/HomeSafety	__Cholesterol	__Lipid Mgmt	__Substance Abuse	__Diabetes
__Blood Pressure Mgmt	__Weight Mgmt	__Polypharmacy	__Smoking Cessation	__Weight Management
__Exercise Plans	__Other_____	__Anticoagulation	__Depression	__Healthy Vet
__Antibiotic Eval	**Social Work**	(Consult same day)	__Pain Management	__Anti-Coagulation
__F/U Xray/Lab	__Advance Directive	__Blood Pressure Mgmt	__Other_____	
__Other_____	__Other_____	__Other_____	__Chaplain_____	

No Add

(URB)

Appointments:

(1) VASC LAB Dend 3-23-99 F/U 1 month

(2) Pulm Function Tests 2-23-99 @ 10:00 3-23-99

Tests: Today	Before RTC	On RTC
Add (1) Hgb A1C		(1) Chem 7
(2) PSA		8:00

186688

Treatment

☐ Flu____ ☐ Pneumovax____ ☐ Tetanus____ ☒ Guaiac_Stools_x_3____ ☐ Pap_Smear_____ ☐ Mammogram_____

Consults/Comments

(1) Hedulin

(2) VASC. LAB

(3) Sophra DS 1 po BID

INTERDISCIPLINARY TEAM EDUCATION

Significant Other Present Yes No

Barriers to Learning: ☐ Language ☐ Literacy ☐ Comprehension ☐ Motivation ☐ Physical ☐ Emotional ☐ Cultural

	MD / PA / NP	RN / LPN	R.Ph.	RD	Other	Method (if not verbal)	√ if Teaching Not Effective		Comments
Initials	SK		Bm			1=Handout 2=Video 3=Demo	Pt	SO	
Diagnosis	✓		✓						
Medications	✓		✓						
Name of Med			✓						
Dose/Freq			✓						
Use/Action			✓						
Refill Info			✓						
Side effects			✓						
Food/Drug									
Med Equip									
Nutrition									
Exercise									
Treatment / Procedures									
Observed in inhaler use									
Alcohol Use / Abuse	✓								
PSA pros/cons	✓								
S/S to report and when/who									
Com Resource									
Specify Other									

HKDA

Sophra DS counseled.

Bm

ER 0526

Men. Health Recs.
T. Dennis 272

Initials	Signature	Initials	Signature	Initials	Signature
SK		Bm	BMinnick		

MEDICAL RECORD	PROGRESS NOTES
DATE	Mental Health Clinic
12/14/98	(S) Not a good time of the year for me -
	(O) sleeps ok on trazodone.
	appears somewhat anxious -- lots of movement, no blowups - "a couple of near misses"
	pt gets angry easily, fast to anger since childhood.
	Mood about 5/10 - now - but when he gets bad - he gets suicidal (a couple of months ago).
	Discussed risks + benefits of using Divalproex c̄ previous history of liver problems - pt advised of symptoms of liver upset - ie Nausea vomiting pain.
	(A) Bipolar II
	(P) Add Divalproex Sodium 250 mg T T.I.D.
	Change Prozac to 40 ~~+10~~ mg -
	RTC 2 - mos
	call immediately if he has signs of liver problem.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

DENNIS, TERRY J.
8825

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

Men. Health Recs.
T. Dennis 273

ER 0528

CHART ORDERED

MEDICAL RECORD — PROGRESS NOTES

E 11/14/99

TIME 1:40

CLINIC: URGENT CARE

Current phone #:

VITAL SIGNS: B/P 161 78 Temp 98.8 Pulse 87 RR Wt 167 Ht 6 ft 9 in

ALLERGIES: NKDH — Judy R

Orientation: ☑ Time ☐ Place ☐ Person Risk for Wandering: ☐ Yes ☐ No

MEDS

URI (NO chart)

SK

CXR 1 DAY WET = ⊖ ACUTE; (⊕ COPD)

(S) (PH Ψ, EXH) — COUGH X 2 WEEKS; BROWN SPUTUM — NOW TAKING DOXYCYCLINE "3 MORE DAYS TO GO" — THREW UP SOME

SMOKE — YES

ETOH — (2/DAY) LAST — ⊕

DRUGS — 0

SEX — NEXROX

HIV — ⊖ TWO AGO

OB — T = 98.8

HT — RSR

LUNGS — clear

IMP —

BRONCHITIS — LAST CXR above — WILL EXTEND DOXY X 7 MORE DAYS — Ψ ISSUES, SMOKER

Men. Health Recs.
T. Dennis 274

(Continue on reverse side)

NT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle, grade, rank, rate, hospital or medical facility)

REGISTER NO. | WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR

NIS, TERRY J

FOLLOW-UP

Referrals: ☐ PERC _____ (TOPIC)

Nursing	Nutrition	Pharmacy	MHC (consults required)	Classes:
__Seatbelt/HomeSafety	__Cholesterol	__Lipid Mgmt	__Substance Abuse	__Diabetes
__Blood Pressure Mgmt	__Weight Mgmt	__Polypharmacy	__Smoking Cessation	__Weight Management
__Exercise Plans	__Other_____	__Anticoagulation (Consult same day)	__Depression	__Healthy Vet
__Antibiotic Eval	**Social Work**	__Blood Pressure Mgmt	__Pain Management	__Anti-Coagulation
__F/U Xray/Lab	__Advance Directive	__Other	__Other_____	
__Other	__Other		**Chaplain**	

Appointments: (Scheduled)

Tests: Today	Before RTC	On RTC

Treatment
☐ Flu __ ☐ Pneumovax __ ☐ Tetanus __ ☐ Guaiac Stools x 3 _____

Consults/Comments
☐ Pap Smear __ ☐ Mammogram _____

(1) ↓ SMOKING / ↑ FLUIDS

(2) DOXYCYCLINE BID X 7 DAYS

INTERDISCIPLINARY TEAM EDUCATION

Check if Significant Other Present ☐

Barriers to Learning: ☐ Language ☐ Literacy ☐ Comprehension ☐ Motivation ☐ Physical ☐ Emotional ☐ Cultural

	MD / PA / NP	RN / LPN	R.Ph.	RD	Other	Method (If not verbal)	√ if Teaching Not Effective		Comments
Initials						1=Handout 2=Video 3=Demo	Pt	SO	
Diagnosis									
Medications									
Name of Med									
Dose/Freq									
Use/Action									
Refill Info									
Side effects									
Food/Drug									
Rehab Tech									
Nutrition									
Exercise/ Activity									
Treatment / Procedures									
Smoking Cessation									
Alcohol Use / Abuse									
Follow-up									
Comm Resources									
Med Equip									
Specify Other									

ER 0529

Initials	Signature	Initials	Signature	Initials	Signature

Men. Health Recs.
T. Dennis 275

FOLLOW-UP

Referrals: ☐ PERC _____ (TOPIC)

Nursing	Nutrition	Pharmacy	MHC (consults required)	Classes:
__Seatbelt/HomeSafety	__Cholesterol	__Lipid Mgmt	__Substance Abuse	__Diabetes
__Blood Pressure Mgmt	__Weight Mgmt	__Polypharmacy	__Smoking Cessation	__Weight Management
Exercise Plans	__Other_____	__Anticoagulation (Consult same day)	__Depression	__Healthy Vet
Antibiotic Eval	**Social Work**		__Pain Management	__Anti-Coagulation
__F/U Xray/Lab	__Advance Directive	__Blood Pressure Mgmt	__Other_____	
Other	Other	Other	Chaplain	

Appointments: (Scheduled.)

Tests: Today	Before RTC	On RTC

Treatment

☐ Flu __ ☐ Pneumovax __ ☐ Tetanus __ ☐ Guaiac Stools x 3 _____ ☐ Pap Smear __ ☐ Mammogram _____

Consults/Comments

① ↓ SMOKING / ↑ FWIAS

② DOXYCYCLINE BID X 7 DAYS

INTERDISCIPLINARY TEAM EDUCATION

Check if Significant Other Present ☐

Barriers to Learning: ☐ Language ☐ Literacy ☐ Comprehension ☐ Motivation ☐ Physical ☐ Emotional ☐ Cultural

	MD / PA / NP	RN / LPN	R.Ph.	RD	Other	Method (if not verbal)	√ if Teaching Not Effective		Comments
Initials						1=Handout 2=Video 3=Demo	Pt	SO	
Diagnosis									
Medications									
Name of Med									
Dose/Freq									
Use/Action									
Refill Info									
Side effects									
Food/Drug									
Drug Use									
Nutrition									
Exercise/ Activity									
Treatment/ Procedures									
Smoking Cessation									
Alcohol Use / Abuse									
Follow-up									
Comm Resources									
Med Equip									
Specify Other									

ER 0530

Initials	Signature	Initials	Signature	Initials	Signature

MEDICAL RECORD — PROGRESS NOTES

11-9-48

TIME ~~1:00~~ CLINIC: ~~B~~ UKC 1440 Beth Current phone #:

VITAL SIGNS: B/P 108/66 Temp 99.5 Pulse 96 RR Wt Ht

ALLERGIES: NKDA 96% ra

Orientation: ☑ Time ☑ Place ☑ Person Risk for Wandering: ☐ Yes ☑ No

MEDS

2 ppd

(+) ~~cough~~ x 1 week - long term x 1 mo.

~~Very poor dental care~~ foul mouth odor

(+) throat ⊖ n/v ⊕ diarrhea

CXR x 1 mo ago. COPD

S: Cough x 1 month + ~~lethargic~~ temp x 4 days, colored phlegm + smoker

O: Labs ~~(+) Hep~~, AST 98↑, ALT 135↑,

x-ray-Chest - hyperinflation of lung fields compatable c̄ COPD.

Chest: Ø rales Ø rhonchi Ø wheezes

Heart: RR Ø rub, Ø murmur

Abd: soft

TM: intact (+) light reflex

Throat: red, PND visible

A: Bronchitis - Tobacco Abuse.

Dermatological Seborrhea

See next page (Continue on reverse side) B Bonverser

Men. Health Recs.
T. Dennis 277

IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade, rank; rate; hospital or medical facility)

REGISTER NO. WARD NO.

DENNIS, TERRY

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.

FOLLOW-UP

Referrals: ☐ PERC _____ _____ (TOPIC,

Nursing	Nutrition	Pharmacy	MHC (consults required)	Classes:
__Seatbelt/HomeSafety	__Cholesterol	__Lipid Mgmt	__Substance Abuse	__Diabetes
__Blood Pressure Mgmt	__Weight Mgmt	__Polypharmacy	__Smoking Cessation	__Weight Management
__Exercise Plans	__Other_____	__Anticoagulation (Consult same day)	__Depression	__Healthy Vet
__Antibiotic Eval	**Social Work**	__Blood Pressure Mgmt	__Pain Management	__Anti-Coagulation
__F/U Xray/Lab	__Advance Directive	Other	__Other_____	
__Other	Other		**Chaplain**	

Appointments: RTC 6 months Kucera

Tests: CBC

Today	Before RTC	On RTC

Treatment
☐ Flu __ ☐ Pneumovax __ ☐ Tetanus __ ☑ Guaiac Stools x 3 _____ ☐ Pap Smear __ ☐ Mammogram _____

Consults/Comments

INTERDISCIPLINARY TEAM EDUCATION

Check if Significant Other Present ☐

Barriers to Learning: ☐ Language ☐ Literacy ☐ Comprehension ☐ Motivation ☐ Physical ☐ Emotional ☐ Cultural

	MD / PA / NP	RN / LPN	R.Ph.	RD	Other	Method (if not verbal)	√ if Teaching Not Effective		Comments
Initials	BB					1=Handout 2=Video 3=Demo	Pt	SO	
Diagnosis	✓								
Medications	✓								
Name of Med	✓								
Dose/Freq	✓								
Use/Action	✓								
Refill Info	✓								
Side effects	✓								
Food/Drug	✓								
Rehab Tech									
Nutrition									
Exercise/ Activity	✓								
Treatment/ Procedures									
Smoking Cessation	NA								
Alcohol Use / Abuse	✓								
Follow-up	✓								
Comm Resources									
Med Equip									
Specify Other	✓								

ER 0532

Initials	Signature	Initials	Signature	Initials	Signature
BB	B Bomberger CNP				

Veterans Administration

MEDICAL RECORD	SUPPLEMENT DEFINED DATA BASE

SUPPLEMENT TO STANDARD FORMS (Check one): ☐ SF 504 ☐ SF 505 ☐ SF 506

SUPPLEMENT TO VAF 10-7978g SERIES (Check one): PART ☐ I ☐ II ☐ IV ☐ V

PREPARED BY (Signature & Title)	SERVICE	DATE

CONSENT FOR PSYCHOLOGICAL SERVICES

This information sheet details both your rights and your responsibilities as a patient in the Reno VAMC Mental Health Clinic (MHC). You will be asked to read and sign this form before beginning treatment. If you have any questions, concerns, or objections in regard to your rights and responsibilities, you should discuss them with your intake worker or treatment provider. Please carefully read each of the following items:

1. I agrees to undergo psychological evaluation and/or treatment at the MHC. I understand that I am expected to participate in my treatment and that the final treatment plan must be approved by the MHC multidisciplinary treatment committee.

2. I understand that every effort will be made to keep the results of each evaluation or treatment strictly confidential. Information about me will be released outside the VA only to agencies or individuals that I have designated in writing. The only exceptions to this policy are situations in which I am judge to be imminently dangerous to myself or others, when ordered by a court of law, or when there is evidence of sexual or physical abuse of children or elderly.

3. I understand that the MHC is a training site and that my contacts may be with appropriately supervised medical students or graduate students. I understand that any meeting I have with my therapist may be observed, recorded on audio or videotape, or discussed with my therapist's supervisor or MHC therapists. I will be told before these procedures are implemented, and I will be given ample opportunity to express any objections, and, if I so desire, to seek other available treatment options.

4. If the treatment program involves formal research that goes beyond the mere evaluation or clinical procedures assigned solely for my betterment, I will be told before they are implemented. Further, I understand that I will not be paid for these recordings. In this situation, I reserve the right to consent or refuse to participate.

5. I understand that I may be asked to complete follow up questionnaires after my therapy is finished. These questionnaires are designed to give feedback to my therapist and the MHC about my progress in therapy.

(Continue on reverse)

Dennis, Terry
9825

Men. Health Recs.
T. Dennis 279

SUPPLEMENT DEFINED DATA BASE

6. If I am receiving medications for my condition, I understand I may also be strongly urged to participate in some form of individual or group psychotherapy. In addition, I understand that no treatment will be provided to me when I am under the influence of drugs or alcohol. If it is determined that I have a substance abuse problem, I may be required to attend a substance abuse program as a condition of treatment. My attendance at such a program will be verified by my therapist.

7. If I cannot keep a scheduled appointment at the MHC, I agree to call and cancel the appointment in advance. I understand that missing 2 appointments in a row without calling to cancel may be grounds for discharge from the MHC. I understand that successful treatment outcome is expected to be accomplished within 12 sessions.

8. The potential for hindering as well as aiding psychological progress exists in any psychological treatment. I know that any risks are minimized because the MHC therapists all have appropriate experience, training, and supervision for the services provided. I am aware the MHC therapists are committed to providing warm, caring, timely, up-to-date, professional treatment to the best of their abilities.

   I understand that patients with higher incomes may be charged a copayment or their insurance companies may be billed for services provided by the MHC. If I think it pertains to me, I will talk with the Eligibility Office, Extension 1293, Room GD131.

These matters have been fully explained to me, and I fully and freely give my consent. I understand that I may withdraw my consent for any and all of the above issues at any time.

Terry J Dennis
Client

OR

Legally Authorized Representative

Geni Steinagel MD
Witness

10-23-98
Date

ER 0534

Department of Veterans Affairs

EDICAL RECORD — SUPPLEMENT DEFINED DATA BASE

PREPARED BY (Signature & Title) | SERVICE: Mental Health (Intake) | DATE

Patient Section (Self-Administered)

Name: DENNIS TERRY J Social Security No: 534-44-8825

Address: 423 MORAN (APT.A) City: RENO State: NV Zip: 89502

Telephone: NONE (Please specify; home, work, or message phone) 322-1823

Sex: Male X Female ____

1. Where are you living now or where did you live before coming to the hospital? (Check one)

____ House	____ Mobile Home	____ Other VA facility (Specify)
____ Apartment	____ Family Care Home	____ Homeless
____ Hotel/Motel Room	____ Nursing Home	____ Other (Specify)
____ Board & Care Home	X Halfway House	____

2. How long have you lived there? 2 WKS

3. With whom do you live? (Check all that apply)

____ Spouse	____ Both parents	____ Other Family
____ Children under 18	____ Children over 18	____ Alone
____ One Parent (Specify)	____ A male friend	____ A female friend
X Anyone else (Specify)	MALE HALFWAY HOUSE	

4. Marital Status: (Check One)

____ Never married	____ Married	____ Separated
____ Widowed	X Legally Divorced	____ Common Law

5. Number of times married? (Circle One - Include present marriage)

0 1 2 (3) 4 5 6 7 8 9

6. Are you currently having serious financial problems? Yes ____ No X

Men. Health Recs.
T. Dennis 281

SUPPLEMENT DEFINED DATA BASE

7. Are you presently employed? Yes _____ No X

8. Circle the highest grade completed:

Grade School						High School						College							
0	1	2	3	4	5	(6)	7	8	9	10	11	(12)	(13)	14	15	16	17	18	19	20

9. Did you have any of the following problems in school? (Check all that apply)

_____ No problems	X Truancy	_____ Sexual Problems
X Attacking People/Fighting	_____ Drug Use	X Destroying Property
X Disturbing class, acting out	_____ Other (Specify)	_____

10. How well did you do academically in school?

_____ No school	_____ Very Good	_____ Good
X Average	_____ Below Average	_____ Poor
_____ Repeated a Grade		

11. Have any members of your family members ever had alcohol or drug abuse/dependence problems or received mental health treatment? Yes X No _____

(If yes, check all that apply)

_____ Father	X Mother	_____ Spouse
_____ Children	_____ Brothers/Sisters	
_____ Non-relatives living with you	_____ Other relatives	(Specify) _____

For each family member checked above, please list the problem(s) the family member had and the date(s) they received treatment for those problems (if applicable): BIOLOGICAL MOTHER WAS ALCOHOLIC

12. What is your religious background? NONE

13. What are your current spiritual beliefs? NONE

14. What is your relationship with a Higher Power? NONE

15. What are your most important treatment goals/need? (Do NOT check more than five)

- [x] Becoming less depressed
- [ ] Improving my sexual relationships
- [ ] Becoming less anxious and worried
- [x] Feeling better about myself
- [x] Controlling feelings of anger
- [x] Getting rid of thoughts of suicide
- [ ] Getting along better with my family
- [ ] Getting along better with people on my job.
- [ ] Getting along better with my friends or associates
- [ ] Decreasing or stopping fighting or destructiveness
- [ ] Stopping or controlling my drinking
- [x] Feeling more cheerful or optimistic
- [ ] Getting rid of imaginary voices or visions
- [ ] Stopping or controlling my drug use
- [ ] Getting or keeping a job
- [x] Becoming less withdrawn
- [ ] Thinking more clearly
- [ ] Decreasing my fears
- [ ] Managing money better
- [ ] Improving my marriage
- [x] Increasing or improving my social skills
- [ ] Other (Specify) _____

16. List your military history, including dates of service, conflicts or wars served in, and any iplinary actions brought against you: US AIR FORCE JAN. '65 — NOV. '68

17. Do you have a history of assaultive/disruptive/abusive behavior? Yes [x] No [ ]

If yes, please explain: JAILED + IMPRISONED FOR ASSAULT + ATTEMPTED MURDER

18. Do you require assistance with any of the following activities? Yes [ ] No [x]

(Please check all that apply)

_____ Eating _____ Toileting _____ Bathing _____ Grooming _____ Dressing

Men. Health Recs.
T. Dennis 283

SUPPLEMENT
DEFINED
DATA BASE

19. Do you have any problems with mobility? NO

If yes, please check the activities which require assistance:

_____ Walking _____ Climbing stairs _____ Transferring

If yes, have you had physical therapy since the onset of this problem? Yes _____ No _____

20. Do you require any of the following assistive devices? Yes _____ No _____

If yes, please check all that apply:

_____ Walking device _____ Wheelchair _____ Transfer device _____ Bathing device

21. Do you need documentation of your treatment to send to any court or community agency?

Yes _____ No X NOT AT THIS TIM

22. Have you usually had problems holding a job in the past, or are you currently having problems holding a job? Yes X No _____

23. Are you interested in vocational counseling? Yes _____ No X

(Ask the interviewer if you have any questions about what vocational counseling is.)

Do you currently have any legal involvement's (arrests, probation, pending court dates, divorce in process, child custody decisions) in process? Yes _____ No X

25. Have you ever been arrested? Yes X No _____

26. In the past six (6) months, have you had any weight loss of more than 10 pounds, or have there been any noticeable changes in your eating habits or preferences? Yes X No _____

Department of Veterans Affairs

MEDICAL RECORD — SUPPLEMENT DEFINED DATA BASE

PREPARED BY (Signature & Title) | SERVICE: Mental Health (Intake) | DATE

Vocational Assessment (Self-Administered)

Please briefly list the types of jobs you have held throughout your life: _____

_____

_____

_____

Have you ever had difficulties holding a job? Yes _____ No _____

If yes, explain: _____

_____

_____

How often have you had difficulties getting along with others at work?

_____ Never _____ Rarely _____ Sometimes

_____ Often _____ Almost always

Please list your current job: _____

_____

Are you satisfied with your current job? Yes _____ No _____

If no, please briefly explain why: _____

_____

_____

What jobs have you been trained to do? _____

_____

_____

_____

SUPPLEMENT
DEFINED
DATA BASE
Men. Health Recs.
T. Dennis 285

Department of Veterans Affairs

MEDICAL RECORD — SUPPLEMENT DEFINED DATA BASE

PARED BY (Signature & Title) | SERVICE: Mental Health (Intake) | DATE

Nutritional/Medical Screen

Height _____ (inches) Measured? Yes _____ No _____

Weight _____ (lb/kg) Measured? Yes _____ No _____

Does the patient follow any diet restrictions at home? Yes _____ No _____

Comments: _____

In the past six (6) months, has the patient had any unexpected weight loss of 10 pounds or more, or have there been any noticeable changes in the patient's eating habits or preferences?

*Yes _____ No _____ If so, how much? _____

Is the patient still losing weight? *Yes _____ No _____

Is the patient eating less because of poor appetite, nausea, vomiting, diarrhea, or constipation?

*Yes _____ No _____ If yes, please specify: _____

*(If yes, consult to Nutrition and Food Service - 120)

Does the patient have chewing, swallowing, or mouth problems that make it difficult to eat?

*Yes _____ No _____

Does the patient need nutrition education to guide his/her eating at home? *Yes _____ No _____

(If yes, consult to Dietitian)

SUPPLEMENT DEFINED DATA BASE

Men. Health Recs.

T. Dennis 286

BDI

Date: _____

ame: TERRY J. DENNIS Marital Status: DIVORCED Age: 52 Sex: M

tion: UNEMPLOYED Education: 13 YRS.

is questionnaire consists of 21 groups of statements. After reading each group of statements carefully, cle the number (0, 1, 2 or 3) next to the one statement in each group which best describes the way you ve been feeling the past week, including today. If several statements within a group seem to apply equally ll, circle each one. Be sure to read all the statements in each group before making your choice.

0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.

0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.

0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

8 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

9 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

11 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.

12 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

13 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.

_____ Subtotal Page 1

CONTINUED ON BACK

0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.

15
0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16
0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19
0 I haven't lost much weight, if any, lately.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less. Yes _____ No _____

20
0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.

21
0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

_____ Subtotal Page 2

_____ Subtotal Page 1

_____ Total Score

ER 0542

Men. Health Recs.
T. Dennis 288

MEDICAL RECORD PROGRESS NOTES

8-28-98
TIME 120

CLINIC: BL - URCNB

Current phone #:

VITAL SIGNS: B/P 128/72 Temp Pulse 76 I RR Wt Ht

ALLERGIES: NKDA

Orientation: ☑ Time ☑ Place ☑ Person Risk for Wandering: ☐ Yes ☑ No

MEDS

(S) Vet presents. Request refill of Buspar, Vistaril, Ambien and Prozac. ~~Just discharged from West Hills~~ hospital (+) hx of depression (P) flu MHC today — MHC notified.

Marie Meyer KW

ER 0543

Men. Health Recs.
T. Dennis 289

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade, rank; rate; hospital or medical facility)

REGISTER NO. WARD NO.

DENNIS, TERRY

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,

MEDICAL RECORD | PROGRESS NOTES

DATE

8/28/98

1400

Triage

S: This is a 52 yo veteran discharged from West Hill today. The Pt came to triage asking for medication refills. The Pt is on disability and he is staying in halfway house. He is divorced and single. The patient was admitted to West Hills for depression and suicidal thoughts. The Pt was there for 2 weeks. The patient attempted suicide by CO poisoning and OD on heroin cofearags. The ~~the~~ is doing better on current combination of medications. The patient's sleep improved, his energy improved and his anxiety improved.

He was physically and sexually abused as a child. He complained frequent violence and was in jail. The patient was going through NMHI but stopped going there ~~after an~~ argument with

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

Dennis, Terry
8825

Men. Health Recs.
T. Dennis 290

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE

~~with one of the doctors~~

O: Ans is 52 yo angry veteran without any reason. He is tall and thin build. He was wearing appropriate dress. His affect is angry ~~mood~~ fine. His speech is normal. His thoughts are organised. He denied delusions. He ~~denied SH ideation~~ and ~~denied AV hallucinations~~

He is alert 6x3, his memory is intact and he did serial 7's. He has fair insight and judgement.

Dx ~~Axis~~ I Depression NOS.

PTSD delayed Childhood

II ~~Antisocial traits~~

III Back pain

IV No Social Support

V GAF 50

P/an patient came in with prescription from Dr Tanenbaum for Prozac 30 mg/day Buspar 15 mg TID, Vistaril 50 mg BID, Ambien 10 mg ~~TCB~~ with 2 refill. I changed Ambien to ~~Vistaril~~ Restoril 15 mg pr qhs. The pt has follow up Med Ell in one month and Intake in two months.

Jose Thibbekara MD.

CONTINUE ON BACK WHEN NECESSA

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
7-8-[illegible]	1:52 AM PM	51	☐ M ☐ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

ERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA		97.2	104	18	116/72	☐ NO ☐ YES

9. CURRENT MEDICATIONS Ibuprofen

10. TRIAGE presented Restless - cant hold still ~~[illegible]~~ - moving all over " ~~[illegible]~~ " - ~~but Tongue~~ 3 days ago - Tongue Sore - was

11. SIGNATURE Jeanne [illegible]

12. HISTORY AND PHYSICAL sleeping this pm & was awoken by pain - States mouth sore open sores. (R) hand pouch present on Tongue

5/30 0700 c/o painful tongue today. Sit tongue 3d ago. opinion history

Also notes cat scratch 3d ago to hand

Hx) (+) STOH (+) meth use sent. (R) hand 2 lesions ulcerated w 1-2cm.

PE) USS alert, Pt Agitation ~~[illegible]~~ moaning sclat pennl some TMs (-) pharynx nl tongue tender (R) lateral inferior portion bilaterally

13. DIAGNOSTIC IMPRESSIONS smooth bite marks on (L) side (+) tender. ~~Abscess~~ ~~lesions~~ nl size

14. PLAN

(1) TONGUE pain

~~[illegible]~~ - apply to tender area prn 30ml tube not to be used in less than 12 hrs.

(2) cellulitis Rx Augmentin 875 [illegible]

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE [signature]

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED		

IMPRINT PATIENT DATA CARD

Dennis, Terry

534-44-8825

7. PATIENT INSTRUCTIONS

Men. Health Recs.
T. Dennis 292

TIME	VITAL SIGNS TEMP	PULSE	RESP	B/P	TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
[illegible]		81 irr		128/66						
[illegible]		81 irr		140/70						
[illegible]		71 irr		116/60						

CONTINUATION FROM FRONT / PROGRESS NOTE

Pt stable (ϕ change × 2 yrs)
Rate self controlled
BP Normal
will Not treat today

STUDIES REQUESTED	RESULTS
CBC	CXR - (L) lower atelectasis
Chem Panel	
TSH / T4	11.6/49 (423 138/4.8 12/.9 (92
CXR	
	EKG - AC'h

Men. Health Recs.
T. Dennis 293

ER 0548

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
27/97	1505 AM PM	50	☒ M ☐ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
Ø			104	136	104/58	☐ NO ☐ YES

9. CURRENT MEDICATIONS

10. TRIAGE ~~Prev. Hx. of A.Fib.~~ - was on Meds a long time ago but stopped (?). — Has been feeling ~~[illegible]~~ out. — Willing to go to Triage for Eval. — Discussed I Kathy, Clos Rn. — Key Hurst will get Buss Pass for Vet if he is Not Admitted. — Jue Mae

11. SIGNATURE

12. HISTORY AND PHYSICAL

13. DIAGNOSTIC IMPRESSIONS

14. PLAN

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT

2. AFTER CARE SHEET GIVEN ☐ YES ☐ NO

3. FOLLOWUP - ACTIVITY - LIMITATIONS

4. CONDITION ☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED

5. DATE / TIME OF DISCHARGE

6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

Dennis, Terry J.

Men. Health Recs.
T. Dennis 294

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
27 Jan	1604 AM/PM	50	☐ M ☐ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	150½	99.2	73irr		98/53	☐ NO ☐ YES

9. CURRENT MEDICATIONS

10. TRIAGE [illegible] - Was sent here due to fast hx of A fib. Not [illegible] - Was in Seattle Veterans 2 yrs ago for A fib. Vet not feeling well. Denies chest pain at this time. Is SOB - [illegible]

11. SIGNATURE

12. HISTORY AND PHYSICAL [illegible] - Pressure feeling in chest - feels tired & sluggish. Hx of Alcohol Fx on Fri. - 95% - given Blue passes by Ray Hurst

50 yo ♂ c.p., h/o Int A-fib, ϕ Meds, ϕ Eval x 5 yrs
Was Dx in Seattle 2 yrs ago. Chest Pressure every few days ϕ Meds
Same today - was referred to triage 2° to ↓ BP ϕ Allergies
Pt Not ϕ c.p. Does have Retro-sternal pressure, ϕ radiation
Assoc ♂ Diaphoresis / SOB. Onset ~ 4-5 hrs ago today.
Gen - NAD
HEENT - ϕ icterus
OP - Moist
Neck - supple, ϕ adenop
Lungs - few wheeze otherwise clear
CV - irreg / irreg Abd - soft Ext - ϕ c.c.e

PMH
- Int A-fib
- Hep-C
+ Smoker
+ ETOH
PSH
- Depression
- PTSD

13. DIAGNOSTIC IMPRESSIONS

14. PLAN
A-fib (stable)
F/up PMD

15A. ATTENDING OF RECORD

15B. EXAMINER SIGNATURE

Men. Health Recs.
T. Dennis 295

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT

2. AFTER CARE SHEET GIVEN ☐ YES ☐ NO

3. FOLLOWUP - ACTIVITY - LIMITATIONS

4. CONDITION ☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED

5. DATE / TIME OF DISCHARGE

6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN

IMPRINT PATIENT DATA CARD

DENNIS, TERRY J 29
71 VINE ST B 031
NV 89503

7. PATIENT INSTRUCTIONS

Follow up Blue team within 1-2 wks to F/up on A-fib - Return ♂ change

ER 0550

27 Jun 97

E

TIME 1540

MEDICAL RECORD

PROGRESS NOTES

CLINIC: Blue Urgent Care Nurse T. 94

VITAL SIGNS: B/P / mm/Hg, Pulse RR Wt lbs

ALLERGIES: Ø

MEDS

Standing BP 90/60 85

Sitting BP 99/66 - 61

Lying BP 104/72 87

Send to Triage per [illegible]

Men. Health Recs.
T. Dennis 296

(Continue on reverse side)

ENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade, rank; rate; hospital or medical facilty)

REGISTER NO.	WARD

Dennis Terry J

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans A[illegible]

MEDICAL [illegible]RTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
6/27/97	1525 AM PM	50	☒ M ☐ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

8[illegible] LERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
∅			104	136	104/58	☐ NO ☐ YES

9. CURRENT MEDICATIONS

10. TRIAGE Prev. Hx. of A. Fib. - was on Meds a long time ago but stopped (?) - Has been feeling washed out. - Willing to go to Triage for Eval. - Transmit to Kathy, Clos Rn. - Key Hunt will get Bus Pass for Vet if he is Not Admitted. - [illegible]

11. SIGNATURE

12. HISTORY AND PHYSICAL

13. DIAGNOSTIC IMPRESSIONS

14. PLAN

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT

2. AFTER CARE SHEET GIVEN ☐ YES ☐ NO

3. FOLLOWUP - ACTIVITY - LIMITATIONS

4. CONDITION ☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED

5. DATE / TIME OF DISCHARGE

6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

Dennis, Terry J

8825

ER 0551

Men. Health Recs.
T. Dennis 297

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE

ER 0552

Checked in 12:55 PM

~~FLULIK~~ Symp

1520

MEDICAL RECORD — PROGRESS NOTES

TIME 6/12/97 1330

CLINIC: URCB T992

VITAL SIGNS: B/P 118/70 mm/Hg, **Pulse** 104 **RR** 20 **Wt** lbs

ALLERGIES:

MEDS

Vet presents c̄ ~~sore throat~~ x 2 wks. Painful when vet swallows. Productive cough c̄ yellow mucus x 2 wks. Hx of Smokeney States he was staying with a family who had just gotten over strep throat. URCB today 1520 pt is here

Marie Marshall RW

S: throat sore x 2 wks — was around two people c̄ strep throat
- getting no better
- mild cough c̄ white spul.

O: 992 118/70 [illegible] NAD
[illegible]
throat [illegible] [illegible]
[illegible] [illegible]
[illegible]

A: [illegible]

P: [illegible] 500 [illegible]

JAMES B. HOLDER MD

(Continue on reverse side)

TIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade, rank; rate; hospital or medical facility)

REGISTER NO. | WARD

DENNI

Men. Health Recs.
T. Dennis 298

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.

ER 0553

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
~~[illegible]~~	1615 AM PM	50	☑ M ☐ F	☑ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☑ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA						☑ NO ☐ YES

9. CURRENT MEDICATIONS

10. TRIAGE c/o Skin infestation

11. SIGNATURE [signature]

12. HISTORY AND PHYSICAL

Pt says ~~different animals coming out of body~~ He has been high on ~~[illegible]~~ Crank (amphetamine) last night, says these animals come out of all parts of his body "LUNG'S, fingernails, and mouth."

13. DIAGNOSTIC IMPRESSIONS Delusions?, post drug hallucination

14. PLAN

Return to ~~Drug rehab~~ if pt. desires

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE [signature]

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED		

IMPRINT PATIENT DATA CARD

S.TERRY J 29
23 E. 6TH ST 11 031
NO NV 89513

7. PATIENT INSTRUCTIONS

Men. Health Recs.
T. Dennis 299

ER 0554

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
1/15/95	2:06 AM PM	44	☒ M ☐ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ N

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	169½	99°	79	20	134/84	☐ NO ☐ YES

9. CURRENT MEDICATIONS None

10. TRIAGE X 4-5 wks "Creeping Crud" (Had flu shot) [illegible] Prod. cough. Greenish - No smoker - SOB - Diff chang [illegible] sitting & sleeping most of time. Sweats - Fever [illegible] 96% - Has been told he [illegible]

11. SIGNATURE

12. HISTORY AND PHYSICAL Has Neg. Cx

exam - lungs - clear, few rhonchi
no adenopathy
skin - seborrheic d.

doxycycline 100 BID 30 15 day

13. DIAGNOSTIC IMPRESSIONS Acute bronchitis

14. PLAN

F/up if necessary

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☒ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☒ UNCHANGED		

IMPRINT PATIENT DATA CARD

NIS, TERRY J
E. 6TH ST 11 29
031
NV 89513

534 44 8825 DN 101446 654

7. PATIENT INSTRUCTIONS Not necessary

~~12 15 95~~

Men. Health Recs.
T. Dennis 300

0-1338 WORK COPY

RENO CLINICAL LABORATORY REPORT

ENNIS,TERRY J
SSN: 534-44-8825 SEX: M AGE: 52 LOC: ACKU

05/12/1999 13:11

Provider: KUCERA,SUZANNE G
Specimen: SERUM
ccession [UID]: SPE 0218 588 [3790490588]

Test name	02/18/1999 10:26 Result	units	Ref. range
PSA(Since 6/13/98)	1.8	ng/mL	0 - 4

KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value

Provider: KUCERA,SUZANNE G
Specimen: BLOOD
ccession [UID]: SPE 0218 587 [3790490587]

Test name	02/18/1999 10:26 Result	units	Ref. range
HEMOGLOBIN A1C	5.3	%	4.2 - 6

omment: ~For Test: HEMOGLOBIN A1C
~A1C AND PSA ADDED @ 1715. REQUESTED BY KUCERA, MD. EMM.

KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value

Provider: STOLL,KATHLEEN A
Specimen: SERUM
ccession [UID]: CHE 0218 119 [1190490119]

Test name	02/18/1999 10:20 Result	units	Ref. range
GLUCOSE	147 H	mg/dL	70 - 119
UREA NITROGEN	12	mg/dL	8 - 25
CREATININE,SERUM	1.0	mg/dL	.7 - 1.3
SODIUM	137	mmol/L	136 - 146
POTASSIUM	5.2	mmol/L	3.6 - 5.3
CHLORIDE	103	mmol/L	102 - 114
CO2	26	mmol/L	24 - 32
PO4	2.6	mg/dL	2.2 - 4.3
CALCIUM	9.9	mg/dL	8.8 - 10.3
PROTEIN,TOTAL	6.6	g/dL	5.9 - 7.9
ALBUMIN	3.9	gm/dL	3.5 - 4.7
ALKALINE PHOSPHATASE	60	Iu/L	37 - 108
AST (SGOT)	32	U/L	13 - 33
T.BILIRUBIN	0.8	mg/dL	.4 - 1.3
BILIRUBIN,DIRECT	<0.1	mg/dL	0 - .2
ALT (SGPT)	37 H	U/L	7 - 31
GAMMA-GTP	144 H	IU/L	5 - 44
VALPROIC ACID	78.4	ug/ml	50 - 100 (Ther. range)

omment: DRAW TIME = 1026

IF 'PY - DO NOT FILE DENNIS,TERRY J 534-44-8825 05/12/1999

ER 0555

Men. Health Recs.
T. Dennis 301